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OMB Approved  
0579-0327  
EXP: XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**PROGRAM SITE TAG  
INFORMATION SHEET**

1. STATE		2. DATE	
3. LOCATION ADDRESS (Include ZIP Code)		4. REQUESTOR	
		5. TELEPHONE NUMBER	
6. TYPE OF TAG (check the appropriate box)			
<input type="checkbox"/> Backtag Cattle		<input type="checkbox"/> Vaccination Tag	
<input type="checkbox"/> Backtag Swine		<input type="checkbox"/> Reactor Tag BR	
<input type="checkbox"/> I/D Tag Cattle		<input type="checkbox"/> Reactor Tag TB	
<input type="checkbox"/> I/D Tag Swine		<input type="checkbox"/> Bangle Tag	
<input type="checkbox"/> Other (specify) _____			
7. SINGLE/DUPLICATE TAG		8. ASSIGNED LETTER CODE	
9. ROLLOVER TAG	9A. ROLLOVER SEQUENCE (1 Roll/2 Roll)	9B. EXCLUSIONS (I, O, etc.)	9C. BEGIN WITH LETTERS
<input type="checkbox"/> Yes <input type="checkbox"/> No			
10. YEARLY USAGE (HDS sets)	11. MAXIMUM ISSUE PER ORDER	12. GLUE CONTAINER	13. MAXIMUM ISSUE
14. REMAINING STOCK			
<input type="checkbox"/> Use Stock Until Depleted		<input type="checkbox"/> Destroy Stock	
		Old Stock Number _____	
15. OTHER			

16. NEW NATIONAL STOCK NUMBER (NSN) (to be assigned)