According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0092. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE	DISTRIBUTION:	CERTIFICATE NUMBER
FOOD SAFETY AND INSPECTION SERVICE FIELD OPERATIONS	Original = to Manufacturer Copy 1 = to Manufacturer	٨
AUTHORIZATION CERTIFICATE	Copy 2 = Retained by FSIS Office Copy 3 = Retained by Official Establishment	A

This certificate, when signed by an authorized representative of the Administrator, authorizes the making of brands or other devices bearing official inspection legends.

SECTION 1 - ITEMS 1-12 COMPLETED BY ESTABLISHMENT. ITEMS 13-20 COMPLETED BY MANUFACTURER				
1. ESTABLISHMENT NO.	2. ESTABLISHMENT NAME			
3. STREET ADDRESS				
4. CITY		5. STATE	6. ZIP CODE	
7. SIGNATURE OF ESTABLIS	IMENT OFFICIAL		8. DATE	

9. NAME AND ADDRESS OF FIRM BRANDS OR DEVICES BEING ORDERED FROM

IO. NUMBER OF BRANDS / DEVICES	11. SIZE (If applicable)	12. TYPE (Hot, cold)	13. SERIAL NUMBER(S) (To be completed by manufacturers)

14. NAME OF MANUFACTURER

15. STREET ADDRESS

16. CITY	17. STATE	18. ZIP CODE
19. SIGNATURE OF BRAND MANUFACTURER		20. DATE

NOTE TO MANUFACTURER: Send Brand(s)/Device(s) and Copy 1 of this certificate to the address below.

SECTION II - AUTHORIZATION - TO BE COMPLETED BY FSIS, FO, PROGRAM EMPLOYEE

1. NAME OF USDA, FSIS, FO, EMPLOYEE (To receive brands / devices from manufacturer)

2. STREET ADDRESS

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3. CITY	4. STATE	5. ZIP CODE
6. NAME OF FSIS, FO, EMPLOYEE MAKING AUTHORIZATION	7. TITLE	
8. SIGNATURE OF FSIS, FO, EMPLOYEE MAKING AUTHORIZATION		20. DATE