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 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and	
U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE REQUEST FOR LABEL RECONSIDERATION	DATE
PRODUCT NAME	APPROVAL FOR
FIRM NAME, ADDRESS, TELEPHONE NUMBER	SKETCH  TEMPORARY
	ESTABLISHMENT NUMBER / FOREIGN COUNTRY
BARCODE AND/OR APPROVAL NUMBER	
COMPANY REASON(S) FOR REQUESTING LABEL RECONSIDERATION	
SEE CONTINUATION SHEET	
REVIEWER'S REASON FOR DISAPPROVAL OR MODIFICATION	
DEVIEWED'S INITIALS	DATE
REVIEWER'S INITIALS	DATE
SIGNATURE OF APPLICANT OR AGENT	DATE

OMB Control Number 0583-0092

Expiration Date:

FSIS FORM 8822-4 (11/16/2011) p	FOR USDA USE ONLY	
	DIRECTOR, LABELING AND PROGRAM DELIVERY DIVISION	
Concurrence w/Reviewer	SIGNATURE	DATE
Nonconcurrence w/Reviewer (Explain below)		
COMMENTS		
Anneals focus on labeling and star	ndards policy issues. The issue(s) addressed on this appeal is/are the one(s) identified by the con	mnany in the snace
	s for disapproval or modification.  The label/application has not been evaluated for compliance with	
standards regulations or policies, of	or for other issues. Submission of the label/application for evaluation in the normal review process	s may yield
additional problems that require co with FSIS regulations and policies.	rrection. We suggest that prior to submitting any label, careful consideration be made with regard	to conformance
	ACCIOTANT ADMINISTRATOR OPPR	
	ASSISTANT ADMINISTRATOR, OPPD	DATE
Concurrence w/Director	SIGNATURE	DATE
Nonconcurrence w/Director (Explain below)		
COMMENTS		
	ADMINISTRATOR, FSIS	
Concurrence w/Asst. Admin.	SIGNATURE	DATE
Nonconcurrence w/Asst. Admir (Explain below)	ı.	
COMMENTS	1	

# CONTINUATION SHEET FOR REQUEST FOR LABEL RECONSIDERATION

PRODUCT NAME:		
This sheet is being used for additional information required for company reason(s) for requesting label reconsideration.		

# **INSTRUCTIONS FOR PREPARATION OF FSIS FORM 8822-4**

FSIS Form 8822-4 is used to request label reconsideration from USDA, FSIS, Labeling and Program Delivery Division (LPDD) for label applications (FSIS Form 7234-1) which have been modified or rejected.

## A. PREPARATION OF APPLICATION

Application must be typed, or it will be returned without evaluation.

#### B. ASSEMBLY OF APPLICATION

Attach **two copies** of the completed FSIS Form 8822-4 along with **two copies** of the rejected or previously modified approval FSIS Form 7234-1 for which you are appealing. Include the rejection letter if applicable. Staple with one or as few staples as possible. Do not use paper clips.

#### B. MAIL COMPLETED APPLICATION TO:

USDA, FSIS, OPPD, Labeling and Program Delivery Division Labeling Distribution Unit - APPEAL Stop Code 3786, Patriots Plaza III, 8-168 1400 Independence Avenue, SW Washington, DC 20250-3700

### **Express Mail Only:**

USDA, FSIS, OPPD, Labeling and Program Delivery Division Labeling Distribution Unit - APPEAL Patriots Plaza III, 8-168 355 E. Street, SW Washington, DC 20024-3221

FAX: 301-504-0873 or 301-504-0875 Telephone: 301-504-0883 (Distribution Unit)

### Instructions:

Complete all sections of Page 1 on the FSIS Form 8822-4.

**COMPANY REASON(S) FOR REQUESTING LABEL RECONSIDERATION.** Provide a reason(s) why the label should not have been modified or rejected. This can be a simple statement. If additional space is needed, check the box for "Continuation Sheet" and use the Continuation Sheet provided.

Written arguments supporting the basis for the appeal must be enclosed with the appeal. In addition, all uncontested modifications to labeling must be made prior to the submission of an appeal. When prior approvals are mentioned in your argument, provide complete, legible copies of the prior approvals. If numerous prior approvals are involved, provide a listing of the approval numbers and a few legible copies of the prior approvals.

**REVIEWER'S REASON FOR DISAPPROVAL OR MODIFICATION.** Include the label reviewer's reason(s) for the rejection and/or modification. If unsure, leave blank.