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U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE <b>APPLICATION/APPROVAL FOR VOLUNTARY REIMBURSABLE                  INSPECTION SERVICE</b>		<b>INSTRUCTIONS:</b> Submit this application to the District Manager, U.S. Department of Agriculture, Food Safety and Inspection Service. Submit two sets of plans and four sets of specifications of the plant, when required, as indicated below. Complete all sections. If a section is not applicable, enter "N/A". If additional space is needed, use reverse side and number the item.		1. Date of Application: (dd/mm/yyyy)			
2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Change/Owner <input type="checkbox"/> Change/Location <input type="checkbox"/> Other (Specify):				3. Est. Number Assigned/Reserved:			
4. Name of Applicant:		5. Form of Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Coop. Assoc. <input type="checkbox"/> Other (Specify):		6. If Incorporated, give date of Incorporation and state: (dd/mm/yyyy)			
7. Applicant's Mailing Address: Street Address (up to 30 characters)		City: (up to 16 characters)	State: (2)	Zip Code: (up to 11 numbers)			
9. Location of Plant if Different than Item 4: Street Address (up to 30 characters)		City: (up to 16 characters)	State: (2)	Zip Code: (up to 11 numbers)			
11. <input type="checkbox"/> ID Service: Meat <input type="checkbox"/> AMS RTE Canada EV Program <input type="checkbox"/> ID Service: Poultry		REMARKS		COMPLETED BY USDA: District Manager <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
12. <input type="checkbox"/> Certification: Cysticercus <input type="checkbox"/> Certification: Export				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
13. <input type="checkbox"/> Off-Premise Freezing: Meat <input type="checkbox"/> Off-Premise Freezing: Poultry <input type="checkbox"/> Off-Premise Freezing: Egg Products				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
14. <input type="checkbox"/> Food Inspection: (requires plans and specs)				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
15. <input type="checkbox"/> Voluntary Meat & Poultry Slaughter/Processing (Specify):		S = SLAUGHTER <input type="checkbox"/> S-Antelope <input type="checkbox"/> S-Elk <input type="checkbox"/> S-Bison <input type="checkbox"/> S-Other Poultry <input type="checkbox"/> S-Bufferalo/Water Buffalo <input type="checkbox"/> S-Rabbit <input type="checkbox"/> S-Cattalo/Catalo <input type="checkbox"/> S-Yak <input type="checkbox"/> S-Deer/Reindeer <input type="checkbox"/> S-Quail <input type="checkbox"/> S-Pheasant		P = PROCESSING <input type="checkbox"/> P-Antelope <input type="checkbox"/> P-Elk <input type="checkbox"/> P-Bison <input type="checkbox"/> P-Other Poultry <input type="checkbox"/> P-Bufferalo/Water Buffalo <input type="checkbox"/> P-Rabbit <input type="checkbox"/> P-Cattalo/Catalo <input type="checkbox"/> P-Yak <input type="checkbox"/> P-Deer/Reindeer <input type="checkbox"/> P-Quail <input type="checkbox"/> P-Pheasant		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
16. <input type="checkbox"/> Voluntary Egg Products Inspection/Processing (Specify):				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
17. <input type="checkbox"/> Technical Animal fats (Specify):				<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
<b>AGREEMENT AND CERTIFICATION:</b> If inspection service is granted under this application, I (we) expressly agree to conform strictly to the provisions of the Agricultural Marketing Act of 1946 (7 U.S.C. 1621 et seq.) and the respective regulations thereunder. I certify that all statements made herein are true to the best of my knowledge and belief.							
18. Type Name of Person Signing Application:		19. Signature of Owner, Partner or Authorized Officer: <i>(making this application)</i>		20. Title:			
				21. Date: (dd/mm/yyyy)			
<b>COMPLETED BY USDA</b>							
22. Date Received: (dd/mm/yyyy)		23. Date Facility Reviewed: (dd/mm/yyyy)		24. Est Number:			
				25. Signature of District Manager:			
				26. Date: (dd/mm/yyyy)			