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<p>U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE</p> <p><b>APPLICATION FOR CHILD NUTRITION (CN) LABELING PROGRAM</b></p>	<p>1. AGENT NAME, ADDRESS, TELEPHONE NO. <i>(If using an Agent, complete this block, otherwise leave blank.)</i></p>	<p>2. FOR USDA USE ONLY</p>	<p>3. ESTABLISHMENT NUMBER/FOREIGN COUNTRY <i>(If applicable)</i></p>
			<p>4. CN NUMBER</p>

5. NAME OF PRODUCT

6. PRODUCT FORMULA

PERCENT  WEIGHT  
*(No Fractions)*

**TOTAL** *(Percent must total 100%)*

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7. PROCESSING PROCEDURES *(Approval of the label application does not convey approval of the processing procedures)*

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8. ITEMS THAT MUST BE MONITORED IN QUALITY CONTROL PROGRAM

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9. SIGNATURE OF APPLICANT OR AGENT

10. DATE

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11. NAME AND ADDRESS OF FIRM

12. CONDITIONS APPLYING TO USE OF LABELS **(FOR USDA USE ONLY)**

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PRODUCT NAME

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THIS SHEET IS BEING USED FOR ADDITIONAL INFORMATION REQUIRED IN BLOCK(S)

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