

**U.S. DEPARTMENT OF AGRICULTURE**  
**AGRICULTURAL MARKETING SERVICE**  
 Livestock and Poultry Program  
 Quality Assessment Division

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**APPLICATION FOR SERVICE**

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Email Completed Form to: **USDA, MRP, AMS, L&P, QAD**  
 Business Operations Branch

Email: [QAD.BusinessOps@usda.gov](mailto:QAD.BusinessOps@usda.gov)  
 Telephone: 501-312-2962

New Application  
 Change of Address  
 Revision

In accordance with the applicable provisions of the regulation issued by the Agricultural Marketing Service, U.S. Department of Agriculture, application is hereby made for the furnishing of the service(s) checked below to be performed at the plant specified:

**GRADING SERVICES**

COMMODITY			TYPE	SERVICES		PLANT NUMBER
Beef	Lamb	**Shell Egg	Scheduled	CN Labeling	Product Examination	I need an official plant number.
Chicken	Pork	Turkey	Unscheduled	Grading	Remote Grading	New: _____
Duck	Rabbit	Veal/Calf	Temporary	Processing	Temperature Verification	Current: _____
Geese	Other: _____			Product Certification	Test Weight	FSIS Est. #: _____
				Other: _____		NFI Est. #: _____

**AUDITING SERVICES**

Commodity Procurement	Process Verified Program
Export Verification (e.g. NHTC, PEEPEV, PFEU)	Quality System Assessment Program
National Organic Program	Verified Operations Registry (e.g. Grass Fed, Tenderness, USHSLA)
Other: _____	

**REGULATIONS APPLICABLE TO REQUESTED SERVICE(S)**

- Meats, Prepared Meats, and Meat Products (Grading, Certification, and Standards)(7 CFR part 54)
- Grading of Poultry Products and Rabbit Products (7 CFR part 70)
- Grading of Shell Eggs (7 CFR part 56)
- Audit Verification and Accreditation Programs (7 CFR part 62)

**APPLICANT INFORMATION**

NAME OF APPLICANT:  
 (As shown on your income tax return)

Doing Business As (If applicable):

Tax ID Number: \_\_\_\_\_ Small Business: Yes No

This is the Corporate Tax ID number unless the entity submitting the application is an individual, then the Social Security Number is required. (Required by IRS)

BILLING ADDRESS OF APPLICANT:  
 (Street and No., City, State, and Zip Code)

NAME & PHYSICAL ADDRESS WHERE SERVICE(S)  
 WILL BE PROVIDED: (Street and No., City, State, and Zip Code)

E-MAIL ADDRESS:

COUNTY:

PHONE NUMBER:

PHONE NUMBER:

**APPLICANT ACCOUNTS PAYABLE INFORMATION**

ACCOUNTS PAYABLE DEPARTMENT MAILING ADDRESS:  
 (Street and No., City, State, and Zip Code + 4)

CONTACT NAME:

E-MAIL ADDRESS:

PHONE NUMBER:

FAX NUMBER:

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**\*\*SHELL EGG CERTIFICATION:** I agree to comply with the terms and conditions of the regulations as applicable to the service(s) requested (including but not limited to such procedures governing such service as may be issued, from time to time, by the Agricultural Marketing Service). I also agree to notify the Agricultural Marketing Service of any contaminated or adulterated (chemical, physical, or biological agents) shell eggs in the processing plant and to assure identification and segregation of such product. This notification includes shell eggs that have tested positive for Salmonella Enteritidis (SE) or shell eggs from houses determined positive for the presence of SE, or any shell eggs that have been recalled or subject to any recall. I also agree to provide the AMS grader detailed information pertaining to the method of identification and segregation required of any shell eggs that have been determined to be contaminated, or adulterated, including eggs from an identified layer flock that tests positive for the presence of SE.

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**I (We) agree:**

1. To comply with all applicable provisions of the Code of Federal Regulations (CFR) identified under "Regulations Applicable to Service(s) Requested," a copy of which has been received and read.
  2. To comply with Public Law 84-272 (7 U.S.C. 1622(h)) a copy of which has been received, read, and understood.
  3. To notify the Business Operations Branch immediately when a change occurs in the legal status of the applicant, see contact information above.
  4. To notify the Business Operations Branch, in advance and in writing, of cancellation of this application, see contact information above.
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REMARKS:

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PRINT NAME OF APPLICANT:

.....  
PRINT TITLE OF APPLICANT:

.....  
SIGNATURE OF APPLICANT:

DATE:

***FOR OFFICIAL USE ONLY***

.....  
APPROVED BY SIGNATURE:

DATE:

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No member of or delegate to Congress, or Resident Commissioner, shall be admitted to any benefit that may arise from this service unless derived through service rendered a corporation for its general benefit.

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ACCOUNT NUMBER:

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REQUEST NUMBER:

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