| AGRI   | ICULTURAL MARKETING SERVICE<br>Livestock and Poultry Program<br>Quality Assessment Division | 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 0581-0128. The time required to complete this information collection is estimated to average 15 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. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender. |      |         |             |           |        |     |          |             |  |  |
|--|---|--|------|---------|-------------|-----------|--------|-----|----------|-------------|--|--|
| Email Completed Form to:USDA, MRP, AMS, L&P, QAD<br>Business Operations BranchEmail:QAD.BusinessOps@usda.gov<br>501-312-2962   |   |  |      |         |             |           |        |     |          |             |  |  |
|  | REGULAT   | IONS APPLIC  | CABI | LE TO   | ) REQUES    | TED SERVI | CE(S): |     |          |             |  |  |
| Meats, Prepared Meats, and Meat Products (Grading, Certification, and Standards) (7 CFR Part 54)   |   |  |      |         |             |           |        |     |          |             |  |  |
| Audit Verification and Accreditation Programs (7 CFR Part 62)  |   |  |      |         |             |           |        |     |          |             |  |  |
| The provisions of the above selected Regulations shall be applicable to this application and the signers thereof. The days and number of hours shown below will be established as the normal work schedule for this plant(s). The firm may terminate the application at their discretion, effective at close of business on any Saturday, by giving written notice to the Business Operations Branch at least 30 days prior to such Saturday. The following hours of service are requested for this agreement. |   |  |      |         |             |           |        |     |          |             |  |  |
| Applicant N  | ame:  | FSI  |      |         | /Plant Numb | М         |        |     | Ailes:   |             |  |  |
| Location of  | Sunday  | Mo   | nday | Tuesday | Wednesday   | Thursda   | y Fric | lay | Saturday | Total Hours |  |  |
|  |   |  |      | 5       |             |           |        |     | 2        |             |  |  |
| Date:  | Title of Applicant Representative:  | Signature of Applicant Representative: Email Address:  |      |         |             |           |        |     |          |             |  |  |
| Applicant N  | ame:  | FSIS/Plant Nu  |      |         | /Plant Numb | nber:     |        |     | Miles:   |             |  |  |
| Location of  | Sunday  | Мо   | nday | Tuesday | Wednesday   | Thursda   | y Fric | lay | Saturday | Total Hours |  |  |
|  |   |  |      |         |             |           |        |     |          |             |  |  |
| Date:  | Title of Applicant Representative:  | Signature of Applicant Representative: Email Address:  |      |         |             |           |        |     |          |             |  |  |
| Applicant N  | ame:  | FSIS/Plant Nun   |      |         | /Plant Numb | nber:     |        |     | Miles:   |             |  |  |
| Location of  | Sunday  | Mo   | nday | Tuesday | Wednesday   | Thursda   | y Frid | lay | Saturday | Total Hours |  |  |
|  |   |  |      |         |             |           |        |     |          |             |  |  |
| Date:  | Title of Applicant Representative:  | Signature of Applicant Representative:     Email Address:  |      |         |             |           |        |     |          |             |  |  |
|  | REALIZIONG  |  |      |         |             |           |        |     |          |             |  |  |

SPECIAL PROVISIONS:

| FOR OFFICIAL USE ONLY                                  |                             |                       |  |  |  |  |  |  |
|--|-----------------------------|-----------------------|--|--|--|--|--|--|
| Effective Date of Agreement:<br>( <u>Sunday only</u> ) | Approved By:<br>(Signature) | Date Signed:          |  |  |  |  |  |  |
| LP-110 (0X/202X)                                       |                             | EXP. DATE: 0X/XX/202X |  |  |  |  |  |  |