

<input type="checkbox"/> DMS	NOTICE OF INSPECTION	<input type="checkbox"/> FSS	OMB Control Number: 3090-0027 Expiration Date: 11/30/2024
IMPORTANT - All required copies of this form must be legible.			

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0027. We estimate that it will take 3 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

1. REGION <i>(Number and city)</i>	2. DATE ISSUED	3. PLACE OF INSPECTION <i>(City and State)</i>	4. PERCENT OR CONTAINERS STAMPED
5. CONTRACTOR		6. SUBCONTRACTOR	

7. This is to notify you that the material described below has been inspected and is:

- a. Released for shipment, subject to contract delivery terms (f.o.b. destination)
- b. Accepted and released for shipment (f.o.b. origin)
- c. Rejected
- d. Authorized for standby stock
- e. Accepted as a preproduction sample

8. CONTRACT NUMBER	9. PURCHASED ORDER NUMBER	10. REQUISITION NUMBER	
11. LOT OR ITEM NUMBER	12. NAME OF COMMODITY	13. QUANTITY <i>(In contract terms)</i>	
14. CONSIGNEE	15. DATE OF SHIPMENT	16. METHOD OF SHIPMENT	17. NUMBER OF CARTONS
18. WEIGHT AND CUBE	19. DATE OF REOFFER	20. CHARGE FOR REINSPECTION/RETEST	21. SHIPMENT IS <i>(Check)</i> <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL

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