

United States Department of Agriculture

AGRICULTURAL MARKETING SERVICE, FRUIT & VEGETABLE PROGRAM												
REQUEST	FOR:		SPECTION		REINS				AL INSPECTIO			
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NOTE: Fill in all appropriate blocks; blocks with "*" must be completed. Inspection may be delayed because of incomplete information. Type of Inspection must be selected above.												
*Applicant's (Company) Name:									*Date:			
*Street Address:									*Time:			
*City, State & Zip:												
*Contact Person:									Type of Carrier:			
*Phone Number:									-JF	Car Number or		
*E-Mail Address:									Type: License Number:			
Enter when	*Shipper's Name:								Car:			
different	City and State:								Trailer:			
from		Receiver's Name:				Lot Inspection						
Applicant:	City and State:											
*Location of Product(s):						Applicant's P.O. Number:						
			•									
	Lots Se	enarated h	v (Ontional)	•			*Inspec	tion Reque	sted For (Must s	select at least one).		
Lots Separated by (Optional): PLI Numbers						*Inspection Requested For (Must select at least one): Quality and Condition (including size when applicable)						
Grower Numbers							Condition Only					
Size						Size						
Other, Specify:						Net Weight						
Digital Images Requested: Yes No						Other, Specify:						
Products To Be Inspected												
*PRODU	CIS	BKAND	S/MAKKS	*Ųi	JANII	LY	1 ype (container	*Size	Type/Variety		
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Remarks/Special	l Instructi	ons;										

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