

U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 LIVESTOCK AND SEED PROGRAMS

Please fax to (720) 497-0571
 E-mail to: LSMGCB.FORMS@usda.gov
 Mail original to: USDA,MRP, AMS, LS, MGCB, OFO - Denver West Office Building 53
 13952 Denver West Parkway, Suite 350
 Lakewood, CO 80401

APPLICATION FOR SERVICE

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The undersigned hereby applies to the Meat Grading and Certification Branch, Livestock and Seed Programs, U.S. Department of Agriculture, for the furnishing of official services to be provided at the following location:

NAME AND ADDRESS OF ESTABLISHMENT WHERE SERVICE IS TO BE PROVIDED (Include Street, City, State, and ZIP - NO P.O. BOX)	TAX ID # (Required by IRS)
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TYPE OF SERVICE APPLIED FOR:

<input type="checkbox"/> CARCASS GRADING (Check applicable species):	<input type="checkbox"/> BEEF	<input type="checkbox"/> PORK	<input type="checkbox"/> VEAL AND CALF	<input type="checkbox"/> LAMB
<input type="checkbox"/> PRODUCT CERTIFICATION/REPROCESSING	<input type="checkbox"/> AUDITING	<input type="checkbox"/> MEAT JUDGING CONTEST	<input type="checkbox"/> OTHER (Specify) _____	

INSPECTION INFORMATION:

US EST. NO. _____ or NFI EST. NO. _____

OPERATIONS CONDUCTED (Check all that apply): <input type="checkbox"/> SLAUGHTERING (Check applicable species): <input type="checkbox"/> CATTLE <input type="checkbox"/> CALVES <input type="checkbox"/> SHEEP <input type="checkbox"/> SWINE <input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> PROCESSING <input type="checkbox"/> FABRICATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> BREEDING <input type="checkbox"/> FEEDING <input type="checkbox"/> SUPPORT SERVICES <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> MARKETING <input type="checkbox"/> OTHER (Specify) _____
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LEGAL STATUS (Check one): <input type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (Specify) _____	FINANCIAL INTEREST IN THE PRODUCT (Check one): <input type="checkbox"/> OWNER/PART OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Specify) _____
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I (We), agree:

1. To comply with all applicable provisions of the Federal Meat Grading and Certification Regulations, 7 CFR, Part 54 (Revised), a copy of which I (we) have received and read;
2. To notify the Meat Grading and Certification Director, Office of Field Operations, in writing and in advance of my (our) cancellation of this application;
3. To notify the Meat Grading and Certification Office of Field Operations immediately when a change occurs in my (our) legal status/Applicant Representative; and
4. That the Federal meat grading and certification service for which application is hereby made may be denied or withdrawn at any time as provided in the Federal Meat Grading and Certification Regulations.

NAME AND MAILING ADDRESS OF APPLICANT	SIGNATURE OF APPLICANT OR REPRESENTATIVE AND DATE
SOCIAL SECURITY NUMBER (Required by NFC)	PRINT OR TYPE NAME OF SIGNEE
TELEPHONE NUMBER	E-MAIL ADDRESS
TITLE OF APPLICANT OR REPRESENTATIVE <u>1/</u>	

APPROVAL (FOR USE BY USDA)

DATE OF APPROVAL	TITLE OF APPROVING OFFICER	SIGNATURE OF APPROVING OFFICER
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1/ Also include signature of operator of establishment (or title and signature of his/her representative) if operator is not the applicant. See 54.6 of the Regulations (Revised).