

## SPECIALTY CROPS INSPECTION DIVISION POSITIVE LOT IDENTIFICATION STAMP(S)/DIE(S) REQUEST FORM

A. Stamp Description					
Stamp Location (Applicant):		Stamp Manu			
Stamp Manufacturer: Please reproduce, at the Applicant's expens	 se, har	nd stamps or	in-line co	oder printing dies	bearing the approved USDA
Federal-State Inspection logo with the following permanently affixed	ed accountability	number(s).			•
		House Number	District Number	Inspection Number	Office/Market Number
	Inches				
					<del></del>
Inches					
B. Applicant's Request					
As a duly authorized agent of the above firm (Applicant), I hereby responsible for all charges assessed by the stamp manufacturer funited States Department of Agriculture and/or the				/dies ordered are	
Applicant's Authorization Signature	_				Date of Request
E-Mail Address:					
C. State/District Authorization					
I have reviewed the above request and give approval for the order	to be processe	d.			
State/District Authorization Signature					Date of Request
D. Federal Authorization					
All stamps/dies which make reference to or imply that a product hunted States Department of Agriculture. No stamps/dies shall be					
Federal Program Manager/Supervisor's Signature	<del></del>			Da	te of Authorization
NOTE: These stamps/dies are to be mailed to the Federal-State District					
Supervisor who will distribute MAIL STAI them.	MPS/DIES TO				
E. Manufacturer's Statement					
I certify that each stamp/die produced by this firm bears a perman referencing the USDA and/or theFede					this firm with markings in writing by the USDA.
Manufacturer's Signature of Compliance		Title	<del> </del>		Date of Shipment
F. Local/District Receipt					
I have received (quantity) stamp/dies bearing the	ne following perr	manently affixed	accountability r	umber(s).	
District Supervisor's Signature					Pate Received
G. Authorized PIQ-PLIDS Firm Representative/Inspector's Re	ceipt				
I have received the above listed stamps/dies and they are now my	-				
Authorized Signature	<del></del>				ate Received

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 is 0581-0125. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing the instruction, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information.

Non-Discrimination Policy: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.