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| **Form Approved** OMB No. 0581-0283 | | | | | | | | | |
| U. S DEPARTMENT OF AGRICULTURE  AGRICULTURAL MARKETING SERVICE  **SANITARY CERTIFICATE REQUEST** | | | | | 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. This valid OMB control number for this collection is 0581-0283. The time required to complete this information collection is estimated to average 12 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 information. | | | | |
| TYPE |  | | FAXED CERTIFICATE\* | | | **0** ADDITIONAL COPIES\* | | \*additional charges apply | |
| I acknowledge that by checking this box that the information provided is factual and accurate. | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | **MAIL INFORMATION** | | |
| 1. CONTACT NAME | | | |  | | | 7. COMPANY | |  |
| 2. AMS BILLING ACCT. | | | |  | | | 8. CONTACT | |  |
| 3. BILLING REFERENCE | | | |  | | | 9. STREET | |  |
| 4. E-MAIL ADDRESS | | | |  | | | 10. CITY | |  |
| 5. CONTACT PHONE | | | |  | | | 11. STATE | |  |
| 6. FAX | | | |  | | | 12. ZIP | |  |
| **CONSIGNOR** | | | | | | | | | |
| 13. NAME | | | |  | | | | | |
| 14. ADDRESS | | | |  | | | | | |
| 15. CITY/STATE | | | |  | | | | | |
| **CONSIGNEE** | | | | | | | | | |
| 16. NAME | | | |  | | | | | |
| 17. ADDRESS | | | |  | | | | | |
| 18. COUNTRY CODE | | | | **UY** | | | | | |
| **IDENTIFICATION OF DAIRY PRODUCTS** | | | | | | | | | |
| 19. DESCRIPTION OF COMMODITY | | | | | | |  | | |
| 20. KIND OF HEAT TREATMENT (HTST; PASTEURIZED) | | | | | | |  | | |
| 21. TYPE OF PACKAGING | | | | | | |  | | |
| 22. NUMBER OF PACKAGING UNITS | | | | | | |  | | |
| 23. NET WEIGHT | | | | | | |  | | |
| 24. REQUIRED TEMPERATURE DURING  STORAGE AND TRANSPORTATION | | | | | | |  | | |
| 25. LOT NO.'s/ EXPIRATION DATE | | | | | | |  | | |
| **MANUFACTURER** | | | | | | | | | |
| 26. PLANT NUMBER | |  | | | | |  | |  |
| *SIGNATURE (for faxed or mailed copies)* | | | | | | | 27. DATE  October 23, 2013 | |  |

\*\*For fastest processing, please attach this form and a PDF shipping label in an email to [DairySanitaryCerts@ams.usda.gov](mailto:DairySanitaryCerts@ams.usda.gov).

DA-249 (01/2013)

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