

REQUEST APPLICATION FORM FOR IMPORTS INSPECTIONS

DATE OF REQUEST: ____/____/____
 NO. OF ATTACHMENTS: _____
 ATTENTION: _____

We hereby request the NRCS to sample the following Imported product(s):

TRUE DESCRIPTION OF PRODUCT (INCLUDING SIZE GRADING)	CONTAINER NO.	BILL OF ENTRY NO.	VESSEL NAME	NET WEIGHT OF PRODUCT	SHIPMENT ARRIVAL DATE

NAME OF IMPORTER: _____
 ADDRESS OF IMPORTER: _____
 CONTACT NO: _____

NAME OF COLDSTORE
/WAREHOUSE: _____
 CONTACT PERSON AT
COLDSTORE/WAREHOUSE
TO ASSIST WITH SAMPLING: _____
 CONTACT NO: _____

COMPLETED BY: (PRINT): _____
 SIGNATURE: _____
 DATE: _____