

**VT AGENCY OF AGRICULTURE, FOOD & MARKETS
MEAT INSPECTION SERVICE**

**REQUEST FOR VOLUNTARY REIMBURSABLE
INSPECTION SERVICES**

Instructions: Submit this application to the Meat Inspection Service, VT Agency of Agriculture, Food & Markets for applicable inspection requests. Complete all sections. If a section is not applicable enter "N/A" or "None." If additional space is needed for any item, attach sheet, number the item, and sign sheet.

SECTION I

1. DATE OF APPLICATION	2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> OTHER <i>(specify)</i>	3. VOLUNTARY SERVICE REQUESTED <input type="checkbox"/> MEAT SLAUGHTER <input type="checkbox"/> POULTRY PROC. <input type="checkbox"/> MEAT PROCESSING <input type="checkbox"/> POULTRY SL.
4. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC OTHER: _____		5. IF CORPORATION; NAME OF STATE WHERE INCORPORATED
7. NAME OF APPLICANT (OWNER) AND MAILING ADDRESS <i>(Include ZIP Code and county)</i>		6. DATE OF INCORPORATION <i>(Month and Year)</i>
10. ACTUAL NAME OF AND PHYSICAL ADDRESS OF PLANT <i>(If mailing address of plant is different than Physical, please include)</i>		8. DUNS# AND/OR FEDERAL ID#
12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY		9. AREA CODE AND TELEPHONE NUMBER FAX
13. OTHER NAMES <i>(If any)</i> UNDER WHICH DOING BUSINESS AS		11. AREA CODE AND TELEPHONE NUMBER

SECTION II

SLAUGHTER	<input type="checkbox"/> ANTELOPE <input type="checkbox"/> BISON <input type="checkbox"/> BUFFALO <input type="checkbox"/> CATALO <input type="checkbox"/> DEER <input type="checkbox"/> ELK <input type="checkbox"/> POULTRY <input type="checkbox"/> RABBIT <input type="checkbox"/> REINDEER
PROCESSING	<input type="checkbox"/> ANTELOPE <input type="checkbox"/> BISON <input type="checkbox"/> BUFFALO <input type="checkbox"/> CATALO <input type="checkbox"/> ELK <input type="checkbox"/> POULTRY <input type="checkbox"/> DEER <input type="checkbox"/> RABBIT <input type="checkbox"/> REINDEER

SECTION III

AGREEMENT AND CERTIFICATION: If inspection is granted under this application, I (we) CERTIFY that all statements made herein are true to the best of my knowledge and belief.

This is an Equal Opportunity Program. In accordance with federal law, state law, and USDA policy, if you believe you have been discriminated against because of race, color, religion, sex, national origin, age, marital status, familial status, parental status, sexual orientation, or disability, write to: Secretary of Agriculture or the Administrator, FSIS, Office of Civil Rights, 1400 Independence Ave., SW, Washington, DC 20250; or VT Human Rights Commission, 135 State St., Montpelier, VT 05633

24. TYPED NAME OF PERSON SIGNING APPLICATION	SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION	
	25. SIGNATURE	26. TITLE
		DATE
27. OFFICIAL NUMBER ASSIGNED/RESERVED	28. IS THIS PLANT PRESENTLY UNDER INSPECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

TO BE COMPLETED BY VAAFM

29. DATE RECEIVED	30. DATE REVIEWED	31. SIGNATURE OF STATE DIRECTOR
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