
INSTRUCTIONS FOR COMPLETION OF MI-86

Complete all sections. Enter N/A if a section is not applicable. Use continuation sheet if needed on Page 6 and number the item. To submit electronically, access the MI-86, [Request for Meat Inspection Services](#). Complete the electronically-fillable form. Save the form on your hard drive, print the form, sign it, and scan the form and e-mail the completed form to the Chief of Inspection at AGR.meatinspection@vermont.gov For paper copies, send the signed application form to the Chief of Inspection at the VAAFM [mailing address](#).

SECTION I. APPLICANT INFORMATION - (Page Two)

1. Date of Application: Put current date application is completed.
 - 1a. Existing Establishment Number, if applicable.
 2. Type of Application (check all that apply).
 3. Type of Inspection (check all that apply).
 4. Form of Organization (check applicable box).
 5. If Corporation, Name of State where Incorporated.
 6. Date Incorporated: Show month, date, and year, e.g., mm/dd/yyyy.
 7. Name and Address of Corporate Headquarters.
 8. Name of Applicant (person, firm, or corporation making application) and mailing address.
 9. Actual Name of Company and Physical Location Address of Establishment.
 10. Telephone number and e-mail address of applicant.
 11. Telephone number and e-mail address of establishment.
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SECTION II. ESTABLISHMENT INFORMATION - (Page Two)

12. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under State inspection.
 13. Name and establishment number of other official establishments located in the same facility, if applicable.
 14. Other names - Doing Business As (DBA). Use continuation sheet if necessary.
 15. Month and year when establishment will be ready to operate under inspection.
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SECTION III. TYPE OF OPERATIONS - Meat, Poultry (Page Three)

- 16A. For slaughter operations, check all applicable boxes of animals to be slaughtered at the establishment. For cell-cultured operations, check all applicable boxes of animal cells to be harvested at the establishment.
 - 16B. Check all applicable boxes for the types of products intended for processing operations at the establishment.
 - 16C. Check all applicable boxes to indicate the type of exempt activities and provide an attachment to explain how the activities will be separated by time or by space.
 - 16D. Check all applicable boxes under JURISDICTION
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SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT - (Pages Four and Five)

17. The applicant must provide a list of persons responsibly connected with the establishment Include all partners, officers, directors, holders, or owners if 10% or more of its voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide an attachment, if necessary.
 18. Self-explanatory. If none, check the None box. If yes, check the Yes box and explain.
 19. Self-explanatory. If none, check the None box. If yes, check the Yes box and explain.
 20. Have conditions for receiving inspection been met (SSOP, Recall Procedures, HACCP, Humane Handling Plan) in accordance with 9 CFR 304.3, 381.22 and 6 VSA3306(i)? Check all applicable boxes.
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PLEASE READ AGREEMENT, CERTIFICATION, AND WARNING STATEMENT

21. Typed or written name and title of person signing application. (Must be listed in Block 22).
 22. Signature: By signing your name in this block you are stating that the information provided is accurate and binding.
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BLOCKS 23, 24, 25, 26, AND 27 - TO BE COMPLETED BY VAAFM OFFICE ONLY

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or disability, immediately contact USDA Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., S.W., Stop 9410, Washington, DC 20250-9410, Toll-Free: (866) 632-9992, Federal relay: (800) 877-8339, Spanish relay: (800) 845-6136, Fax: (202) 690-7442, Email: Program.intake@usda.gov

VT AGENCY OF AGRICULTURE FOOD AND MARKETS MEAT INSPECTION SECTION

REQUEST FOR MEAT INSPECTION SERVICES
(Meat and Poultry)

Submit this application electronically, or by mail, to the VT Agency of Agriculture, Food and Markets Meat Inspection Section, 116 State St., Montpelier, VT 05620. Complete all sections. If a section is not applicable, enter N/A or None. If additional space is needed for any items, use the continuation sheet provided or an attachment. Number the item.

SECTION I. APPLICANT INFORMATION

1. Date of Application <input style="width:90%;" type="text"/>	1a. Existing Establishment Number (if applicable) <input style="width:90%;" type="text"/>
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2. Type of Application (check all that apply)

New
 Change of Location
 Change of Ownership
 Other, specify:

3. Type of Inspection (check all that apply)

Meat
 Poultry

4. Form of Organization (check applicable box)

Individual
 Cooperative Association
 Partnership
 Corporation
 Education Institution
 Limited Liability Company (LLC)
 Other

5. If Corporation, Name of State or Territory where Incorporated <input style="width:95%; height:30px;" type="text"/>	6. Date Incorporated mm/ dd/ yyyy <input style="width:80px;" type="text"/>	7. Name and Address of Corporate Headquarters Name <input style="width:95%;" type="text"/>
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8. Name of Applicant (person, firm or corporation making application) and mailing address Name <input style="width:95%;" type="text"/> Address <input style="width:95%;" type="text"/> City <input style="width:95%;" type="text"/> State <input style="width:50px;" type="text"/> Zip <input style="width:50px;" type="text"/> Country <input style="width:100px;" type="text"/>	Address <input style="width:95%;" type="text"/> City <input style="width:95%;" type="text"/> State <input style="width:50px;" type="text"/> Zip Code <input style="width:50px;" type="text"/> Country <input style="width:100px;" type="text"/>
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9. Actual Name of Company and Physical Location Address of Establishment Name Name <input style="width:95%;" type="text"/> Address <input style="width:95%;" type="text"/> City <input style="width:95%;" type="text"/> State <input style="width:50px;" type="text"/> Zip Code <input style="width:50px;" type="text"/> Country <input style="width:100px;" type="text"/>	10. Telephone number and e-mail address of applicant phone <input style="width:95%;" type="text"/> e-mail <input style="width:95%;" type="text"/>
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11. Telephone number, mailing address and e-mail address of establishment phone <input style="width:95%;" type="text"/> mailing address <input style="width:95%;" type="text"/> e-mail <input style="width:95%;" type="text"/>

SECTION II. ESTABLISHMENT INFORMATION

12. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under State inspection. Use continuation sheet or attachment if necessary.

on continuation sheet
 attached document
 by other means (mail, courier)
 previously submitted

13. Name and establishment number of other official establishments located in the same facility (if applicable)

14. Other names - Doing Business As (DBA) - Use continuation sheet if necessary

15. Estimated date when the establishment will be ready to operate under inspection (mm/ dd/ yyyy)

SECTION III. TYPE OF OPERATIONS

16. MEAT AND POULTRY INSPECTION ACTIVITIES (check all that apply)

16A. SLAUGHTER OR HARVEST OPERATIONS

- Calf
- Cattle
- Equine
- Goat
- Sheep
- Swine
- Chicken
- Duck
- Goose
- Guinea
- Ratite
- Squab
- Turkey

16B. PROCESSING OPERATIONS

- a. Fully Cooked - Not Shelf Stable
- b. Heat Treated Not Fully Cooked - Not Shelf Stable
- c. Heat Treated - Shelf Stable
- d. Not Heat Treated - Shelf Stable
- e. Product with Secondary Inhibitors - Not Shelf Stable
- f. Raw - Intact Products
- g. Raw - Non Intact Products
- h. Thermally Processed Commercially Sterile

16C. EXEMPTIONS (explain separation from inspected products on continuation sheet)

- Custom Processing
- Custom Slaughter
- Retail Activities

- Religious Exempt Poultry
- Buddhist eviscerated Poultry
- Confucian Non-eviscerated Poultry
- Islamic (Halal) Poultry
- Kosher Non-eviscerated Poultry

- Religious Exempt Livestock
- Halal
- Kosher
- Other (specify on continuation sheet)

16D. JURISDICTION (explain separation from inspected products on continuation sheet)

- FSIS Inspection
- State Inspection
- CIS

- Multiple Agencies
- N/A
- Dual Jurisdiction Establishment with Food and Drug Administration (FDA)
- USDA Agricultural Marketing Service (AMS) Grading/Quality Control

- Establishment provides products for the National School Lunch Program

SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT

17. The applicant must provide a list of persons responsibly connected with the establishment. Include all partners, officers, directors, holders, or owners of 10 percent or more of voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide an attachment if necessary.

Name and Title		Present e- mail and home address		Holder of 10% or more voting stock? (if corporation)
First	<input type="text"/>	e-mail	<input type="text"/>	<input type="checkbox"/> yes
Last	<input type="text"/>	Address	<input type="text"/>	<input type="checkbox"/> no
		City	<input type="text"/>	
Title	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/> Country <input type="text"/>	
First	<input type="text"/>	e-mail	<input type="text"/>	<input type="checkbox"/> yes
Last	<input type="text"/>	Address	<input type="text"/>	<input type="checkbox"/> no
		City	<input type="text"/>	
Title	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/> Country <input type="text"/>	
First	<input type="text"/>	e-mail	<input type="text"/>	<input type="checkbox"/> yes
Last	<input type="text"/>	Address	<input type="text"/>	<input type="checkbox"/> no
		City	<input type="text"/>	
Title	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/> Country <input type="text"/>	
First	<input type="text"/>	e-mail	<input type="text"/>	<input type="checkbox"/> yes
Last	<input type="text"/>	Address	<input type="text"/>	<input type="checkbox"/> no
		City	<input type="text"/>	
Title	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/> Country <input type="text"/>	
First	<input type="text"/>	e-mail	<input type="text"/>	<input type="checkbox"/> yes
Last	<input type="text"/>	Address	<input type="text"/>	<input type="checkbox"/> no
		City	<input type="text"/>	
Title	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/> Country <input type="text"/>	
First	<input type="text"/>	e-mail	<input type="text"/>	<input type="checkbox"/> yes
Last	<input type="text"/>	Address	<input type="text"/>	<input type="checkbox"/> no
		City	<input type="text"/>	
Title	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/> Country <input type="text"/>	

18. Enter the name of each person listed in Block 22 who has been convicted in any Federal or state court of (1) any felony, or (2) more than one violation of any law, other than a felony, involving cruelty to animals, violation of 6VSA §3132, or violation of any law based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of the conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

None Yes, explain

19. List each conviction against the applicant or recipient (person, firm or corporation) in any Federal or state court of any (1) felony, or (2) more than one violation of any law, other than a felony, involving cruelty to animals, violation of 6VSA §3132, or violation based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

None Yes, explain

20. Check appropriate boxes if conditions for receiving inspection have been met in accordance with 9 CFR 304.3, 381.22, and 590.149 for meat and poultry. Check all applicable boxes.

- Developed written recall procedures
- Developed written Sanitation Standard Operating Procedures (SSOP)
- Conducted a hazard analysis and developed a Hazard Analysis and Critical Control Point (HACCP) plan
- Developed a written humane handling plan (livestock and poultry slaughter)

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to 6 V.S.A. Chapter 204, the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), and/or the Poultry Products Inspection Act (21 U.S.C. 451 et. seq.), and the regulations governing the inspection of meat and poultry products of Vermont Agency of Agriculture (9 CFR Part 301 et. seq.). I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

WARNING: Persons knowingly and willfully making false, fictitious, or fraudulent statements or entries are subject to license refusal, license suspension, or license revocation. This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, DC 20250.

21. Typed or written name and title of person signing application

22. Signature

TO BE COMPLETED BY VAAFM OFFICE ONLY

23. Is this establishment: (check all that apply) under State Inspection only? in the Cooperative Interstate Shipment (CIS) Program only? Under State and CIS

24. Date application received by Office

25. Official inspection number(s) assigned by Office

26. Signature of the Chief of Inspection

27. Date

