

**SPECIALTY CROPS INSPECTION DIVISION
REQUEST FOR INSPECTION**

REQUEST FOR: **INSPECTION** **REINSPECTION** **APPEAL INSPECTION**

(This is the only acceptable form for fax or electronic submission to USDA for requesting inspection services)

NOTE: Fill in all appropriate blocks; blocks with “*” must be completed. Inspection may be delayed because of incomplete information. Type of Inspection must be selected above.

*Applicant's (Company) Name:		*Date:			
*Street Address:		*Time:			
*City, State & Zip:		Applicant's P.O. Number:			
*Contact Person:					
*Phone Number:					
*E-Mail Address:					
*Shipper's Name:				Type of Carrier:	
Enter when different from Applicant:	City and State:	Type:	Car Number or License Number:		
	Receiver's Name:	<input type="checkbox"/> Car:			
	City and State:	<input type="checkbox"/> Trailer:			
	*Location of Product(s):		<input type="checkbox"/> Lot Inspection		

<p align="center">Lots Separated by (Optional):</p> <p><input type="checkbox"/> PLI Numbers</p> <p><input type="checkbox"/> Grower Numbers</p> <p><input type="checkbox"/> Size</p> <p><input type="checkbox"/> Other, Specify:</p> <p>Digital Images Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center">*Inspection Requested For (Must select at least one):</p> <p><input type="checkbox"/> Quality and Condition (including size when applicable)</p> <p><input type="checkbox"/> Condition Only</p> <p><input type="checkbox"/> Size</p> <p><input type="checkbox"/> Net Weight</p> <p><input type="checkbox"/> Other, Specify:</p>
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Products To Be Inspected					
*Products	Brands/Marks	*Quantity	Type Container	*Size	Type/Variety

Remarks/Special Instructions:
PLEASE EMAIL REQUEST TO:
fvinspectionrequests@ldaf.state.la.us

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 2 minutes 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.

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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 http://www.ascr.usda.gov/complaint_filing_cust.html 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: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.