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Form Approved OMB No. 0581-0126

**U. S. DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
DAIRY PROGRAMS**

## EQUIPMENT REVIEW REQUEST

Applicant (Name and Address)	Party Responsible for Payment if other than Applicant (Name and Address) Confirmation Required (Letter or Email) Received <input type="checkbox"/>	Equipment Located at (Name and Address)
Website		
Tax Identification No. (TIN)	Tax Identification No. (TIN)	Inspection Date(s) Requested:
Contact	Contact	Contact
Telephone	Telephone	Telephone
Fax	Fax	Fax
Type of Equipment:		<input type="checkbox"/> Dairy <input type="checkbox"/> Livestock and Poultry <input type="checkbox"/> 3-A Third Party Verification
Signature of Applicant (typed signature will suffice)	Date	Email <input style="width:100%;" type="text"/>

**Domestic Inspection:**  
A minimum of thirty (30) working days notification is required to insure specialists have ample time to make arrangements for the trip. If specialists are unavailable, the next available date acceptable to all parties will be assigned.

**Foreign Inspection:**  
A minimum of forty-nine (49) working days advance notice is required for any foreign travel. The 49 days will start from the date this request form is received by the Dairy Grading Branch. If specialists are unavailable, the next available date acceptable to all parties will be assigned.

Hotel accommodations (USDA Dairy must pay): \_\_\_\_\_ Best mode of transportation from airport (train, taxi, company pickup...): \_\_\_\_\_  
Does the Hotel accept Visa credit cards:  Yes  No

If submitting electronically, please sign and mail or fax a copy of this form to the address below:

USDA/AMS/DAIRY PROGRAMS  
Dairy Grading Branch  
Design Review Section  
650 E. Diehl Road  
Suite 100  
Naperville, IL 60563  
Tel: 630-437-5073  
Email: [dairyequipmentreview@usda.gov](mailto:dairyequipmentreview@usda.gov)

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**FOR OFFICIAL USE ONLY**

Date Received: _____	Specialist Assigned: _____
Date Assigned: _____	Project Number (s): _____