

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 collection is 0583-0153. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

Instructions: Submit this application to the District/Regional Office, Food Safety and Inspection Service, U.S. Department of Agriculture for import 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 and number the item.

APPLICATION FOR FEDERAL INSPECTION
(Meat, Poultry, Egg Product, Catfish and Import Inspection)

| | | | |
|--|--|--|------------------------------------|
| SECTION I. | | ESTABLISHMENT INFORMATION | |
| 1. Date of Application | | 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Application Extension | |
| 3. Type of Inspection Required (<i>Check box</i>) <input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Egg Product <input type="checkbox"/> Import | | 4. Form of Organization (<i>Check box</i>) <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | |
| 5. If Corporation, Name of State Where Incorporated | | 6. Address of Corporate Headquarters | 7. Date Incorporated |
| 8. Name of Applicant and Mailing Address (<i>include zip code</i>) | | 9. Federal Employer ID# | 11. Area Code and Telephone Number |
| | | 10. Dun & Bradstreet # | 12. Firm's Code (Import Only) |
| 13. Actual Name of and Physical Address of Plant | | 14. Mailing Address if Different from Item 8 (<i>include zip code</i>) | 15. Area Code and Telephone Number |
| 16. Attach Limits or Establishment Premises to be under Federal Inspection (<i>for egg plants attach blueprint</i>) | | | |
| 17. Name and Establishment Number of other official establishments located in the same facility | | 18. Doing Business As | |
| 19. Month and Year when establishment will be ready to operate under inspection | | 20. Comments | |

SECTION II. TYPE OF OPERATION

MEAT AND POULTRY INSPECTION ACTIVITIES (*Check all that apply.*)

- 21 A. Animals to be slaughtered when inspecting is inaugurated (*meat and poultry only*)
- a. Beef Sheep Goats Swine Equine Chicken Turkeys Goose Ducks
 Guineas Squab Ratites
 - b. Raw - Ground (*Non-Intact Products*)
 - c. Raw - Not Ground (*Intact Products*)
 - d. Thermally Processed Commercially Sterile
 - e. Not Heat Treated - Shelf Stable
 - f. Heat Treated - Shelf Stable
 - g. Fully Cooked - Not Shelf Stable
 - h. Heat Treated but Not Fully Cooked - Not Shelf Stable
 - i. Product with Secondary Inhibitors - Not Shelf Stable

EGG PRODUCTS INSPECTION

21 B. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Shell Egg Breaking
- b. Thermally Processed (*Pasteurized heat treated*)
 - Cans/Pails Flexible Pouches Jars Cartons Bag-n-Box Totes Tankers Other
- c. Not Heat Treated - Unpasteurized egg product only
- d. Heat Treated - Shelf Stable (Dried egg product, 50% Sugar Yolk)
- e. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg products)

IMPORT INSPECTION

21 C. Species (Check all that apply)

- Meat Poultry Egg Products Catfish

22. Check the type of product intended for inspection at the establishment (*Check all that apply*)

- a. Raw - Non-Intact
 - Ground Other Non-Intact
- b. Raw - Intact
 - Carcasses: Beef Veal Veal Hide On Goats Pork Lamb
 - Mutton Equine Poultry Ratites
 - Other: Cuts Boneless Manufacturing Meats Other Intact
- c. Thermally Processed Commercially Sterile
 - Cans Flexible Pouches Trays Jars
- d. Not Heat Treated - Shelf Stable
- e. Heat Treated - Shelf Stable
- f. Fully Cooked - Not Shelf Stable
 - Frozen from an APHIS restricted country (9CFR 94.4(b)) Frozen Perishable
- g. Heat Treated But Not Fully Cooked - Not Shelf Stable
- h. Product with Secondary Inhibitors - Not Shelf Stable
- i. Shell Eggs/Egg Products
 - Shell Eggs Liquid Frozen Dried

23. Mode of Transportation - Import Inspection Only (*Check all that apply*)

- Tankers Rail Cars Trucks Ocean Vessel Airline Other (*Specify*) _____

SECTION III OWNERSHIP AND MANAGEMENT INFORMATION

24. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock and employees in a managerial or executive capacity in the business. Notify the Division Director or import Inspection Division Director of any changes in the listing given.

| Name and Title (Title - Indicate if partner or manager) | Present Home Address (Street and Number, City, State, Zip Code) | HOLDER OF 10% OR MORE VOTING STOCK (If Corp.) | |
|--|--|--|--------------------------|
| | | YES | NO |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

25. Enter the name of each person listed under Item 24 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under item 24 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, 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, the date of conviction and the court in which convicted. If none write "None."

26. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony, List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, 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, the date of conviction and the court in which convicted. If none write "None."

27. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with §416.12 of the regulations. (Check one) YES NO

28. Applicant has been provided with a copy of this Privacy Act Notice. (Check one) YES NO

| | | |
|--|---------------|-----------|
| 29. Typed Name of Person Signing Application | 30. Signature | 31. Title |
|--|---------------|-----------|

TO BE COMPLETED BY USDA, FSIS

32. Is this establishment presently under state inspection? (OFO only) YES NO

33. Is this establishment to be under Talmadge-Aiken Act? (OFO only) YES NO

| | | |
|---|-------------------------------------|----------|
| 34. Official Inspection Number Reserved | 35. Signature of DM or IID Director | 36. Date |
|---|-------------------------------------|----------|

DIRECTIONS FOR COMPLETION OF FSIS FORM 5200-2

Complete all sections. If a section is not applicable, enter "N/A" or "none". If additional space is needed for any item, attach a sheet and number the item.

SECTION I. ESTABLISHMENT INFORMATION

1. Date of Application: Shall be the date on which the form is executed
2. Type of Application: Check applicable block
3. Type of Inspection Required: Check applicable block(s)
4. Form of Organization: Check applicable block
5. State Where Incorporated: Self-explanatory
6. Address of Corporate Headquarters: Self-explanatory
7. Date Incorporated: Show month, day and year (i.e. mm/dd/yyyy)
8. Name of Applicant and Mailing Address: Show official firm name and address
9. Federal Employer ID#: Enter Federal employee identification number
10. Dun & Bradstreet#: Enter D&B #
11. Area Code and Telephone Number: Self-explanatory
12. Firm's Code (Import Only): Enter the company's Firm Code, if known
13. Actual name of and Physical Address of Plant: If the mailing address of item is a P.O. Box show location of the plant by street, number, miles from town or highway, etc
14. Mailing Address (if different from item 8): Show the mailing address for the actual plant location
15. Area Code and Telephone Number: Self-explanatory
16. Attach Limits or Establishment Premises to be Under Federal Inspection (for egg plants attach blueprint): Self-explanatory
17. Name and Establishment Number of other official establishments located in the same facility: Name of person(s) or firm name(s) and establishment number(s) which prepare products within the same facilities of the applicant identified in item 8
18. Doing Business as: This refers to subsidiaries doing business under a different name than the applicant requesting inspection
19. Month and Year when establishment will be ready to operate under inspection: Self-explanatory
20. Comments: Insert any comments the applicant feels necessary

SECTION II. TYPE OF OPERATION

MEAT AND POULTRY INSPECTION ACTIVITIES

- 21 A. Animals to be slaughtered when inspecting is inaugurated (meat and poultry only)
 - a. Check applicable blocks of animals to be slaughtered: Self-explanatory
 - b. - i. Check the type of product intended for inspection at the establishment (check all that apply): Self-explanatory

EGG PRODUCTS INSPECTION

- 21 B. Check the type of product intended for inspection at the establishment (check all that apply): Self-explanatory

IMPORT INSPECTION

- 21 C. Species (check all that apply): Check the block(s) of the species intended for inspection at the establishment
22. a. - i. Check the types of products intended for inspection at the establishment (check all that apply): Self-explanatory
23. Mode of Transportation - Import Inspection Only (Check all that apply): Check the blocks of the transportation methods that will be used to deliver product intended for inspection to the establishment

SECTION III. OWNERSHIP AND MANAGEMENT INFORMATION

24. List of Persons Responsibly Connected with the Applicant: Shall include person signing the application, owners, officers, directors, managers, or others in executive capacity. Be sure to show name, title, present home address and check in the block provided concerning holding of stock.
25. Persons Convicted of a Felony: Self-explanatory, if none, write none
26. Convictions against the Applicant: Self-explanatory
27. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with 9 CFR 416.12 of the regulations: Check applicable box
28. Privacy Act Notice: Check appropriate block
29. Typed Name of Person Signing Application: Self-explanatory
30. Signature: Self-explanatory
31. Title: Self-explanatory
32. Is this establishment presently under state inspection (OFO Only): District Office will complete
33. Is this establishment to be under Talmadge-Aiken Act (OFO Only): District Office will complete
34. Official Inspection Number Reserved: District Office or Import Inspection Division - Headquarters will complete
35. Signature of DM or IID Director: Self-explanatory
36. Date: Self-explanatory