

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
MEAT AND POULTRY INSPECTION DIVISION
COMPLIANCE PROGRAM

SHIPPER'S OR RECEIVER'S CERTIFICATION

| | | |
|--|---|-------------------------------|
| 1. DESCRIPTION OF PRODUCT <input type="checkbox"/> SHIPPED <input type="checkbox"/> RECEIVED | 2. DATE PRODUCT WAS SHIPPED OR RECEIVED | |
| 3. OBSERVED <i>(Name of NCDA Employee)</i> | 4. PLACE WHERE OBSERVED | 5. DATE OBSERVED |
| 6. NAME OF SHIPPER AND ADDRESS <i>(Street No., City, State, and ZIP Code)</i> | 7. TYPE OF SHIPPING RECORD(S) <i>(if any)</i> | |
| | 8. SHIPPING RECORD NO(S) | 9. DATE OF SHIPPING RECORD(S) |
| 10. NAME OF PROCESSOR AND ADDRESS <i>(Street No., City, State, and ZIP Code)</i> | 11. METHOD OF TRANSPORTATION | |
| | 12. MARKING ON CONTAINERS OR PRODUCT | |
| 13. INVOICE(S) ISSUED BY: <i>(Name and Address)</i> | 14. INVOICE NO(S) | 15. DATE OF INVOICE(S) |

REMARKS

CERTIFICATION: I certify (1) that the product described above was received or shipped by us as noted and (2) that the shipping record(s), if any, and invoice(s), or copies thereof furnished to or copied by authorized NCDA employee cover the shipment(s) described.

| | | |
|------------------------|---------------------------|------|
| NAME & ADDRESS OF FIRM | BY <i>(Signature)</i> | |
| | TYPE OR PRINT NAME SIGNED | |
| | TITLE | DATE |