



**FSIS FORM 5200-2, APPLICATION FOR FEDERAL INSPECTION**

(Meat, Poultry, Siluriformes Fish, Egg Products, and Import )

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**INSTRUCTIONS FOR COMPLETION OF FSIS FORM 5200-2**


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Complete all sections. Enter N/A if a section is not applicable. Use continuation sheet if needed on Page 7 and number the item. To submit electronically, access the FSIS Form 5200-2, Application for Federal Inspection, on the [FSIS Forms](#) page. Complete the electronically-fillable form and save the form on your hard drive. Print the form and sign it. Scan the form and e-mail the completed form to the Grant Curator in the appropriate [District Office](#). For paper copies, send the signed application form to the Grant Curator at the District Office mailing address.

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**SECTION I. APPLICANT INFORMATION - (Page Three)**


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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. Federal Employer ID #.
9. Dun & Bradstreet #, if applicable.
10. Firm's Code (Import Only).
11. Name of Applicant (person, firm, or corporation making application) and mailing address.
12. Telephone number and e-mail address of applicant.
13. Actual Name of Company and Physical Location Address of Establishment.
14. Telephone number and e-mail address of establishment.

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**SECTION II. ESTABLISHMENT INFORMATION - (Page Three)**


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15. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under Federal inspection
16. Name and establishment number of other official establishments located in the same facility, if applicable.
17. Other names - Doing Business As (DBA). Use continuation sheet if necessary.
18. Month and year when establishment will be ready to operate under inspection.

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**SECTION III. TYPE OF OPERATIONS - Meat, Poultry, Siluriformes Fish, Egg Products, and Import Inspection - (Page Four)**


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- 19A. Check all applicable boxes of animals to be slaughtered at the establishment.
- 19B. Check all applicable boxes for the types of products intended for processing operations at the establishment.
- 19C. 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.
- 19D. Check all applicable boxes under JURISDICTION
20. Check all applicable boxes (EGG PRODUCTS INSPECTION ONLY)
- 21A. Check all applicable boxes for Species (IMPORT INSPECTION ONLY)
- 21B. Check all applicable boxes for Mode of Transportation (IMPORT INSPECTION ONLY)
- 21C. and 21D. Check all applicable boxes Types of Products (IMPORT INSPECTION ONLY)

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**SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT - (Pages Five and Six)**


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22. 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 .
23. Self-explanatory. If none, check the None box. If yes, check the Yes box and explain.
24. Self-explanatory. If none, check the None box. If yes, check the Yes box and explain.
25. Have conditions for receiving inspection been met (SSOP, Recall Procedures, HACCP) in accordance with 9 CFR 304.3 and 381.22? Check all applicable boxes.
26. Privacy Act Notice. Check appropriate box.

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**PLEASE READ AGREEMENT, CERTIFICATION, AND WARNING STATEMENT**


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27. Typed or written name and title of person signing application. (Must be listed in Block 22).
28. Signature: By signing your name in this block you are stating that the information provided is accurate and binding.

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**BLOCKS 29, 30, 31, 32, AND 33 - TO BE COMPLETED BY USDA, FSIS, OFO DISTRICT OFFICE ONLY**

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UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
FOOD SAFETY AND INSPECTION SERVICE (FSIS)  
OFFICE OF FIELD OPERATIONS (OFO)

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## **PRIVACY ACT NOTICE**

The Privacy Act of 1974 (5 U.S.C. 522A) requires that certain information be given to you when you are requested to furnish personal information to a Government Agency. The required information is provided in this Notice. The act does not apply, however, to business information about your firm.

### **AUTHORITY FOR REQUESTING INFORMATION**

Authority for requesting both personal and business information is contained in the Federal Meat Inspection Act (21 U.S.C.601 et seq.) and the Poultry Products Inspection Act (21 U.S.C. 451 et seq.). Under these Acts, the Secretary of Agriculture is authorized to determine the fitness of applicants for or recipients of inspection service to engage in business requiring inspection. Your disclosure of personal information to aid in this determination is mandatory. The Acts also require full and complete disclosure of records and information showing the transactions of your business.

### **PURPOSE FOR WHICH THE INFORMATION WILL BE USED**

This information is being requested to establish and record your identity as a responsible official of the business and to determine your fitness to receive a Grant of Inspection.

### **ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION**

In appropriate situations, a report containing the information you furnish may be referred to other federal, state, local or foreign agencies charged with law enforcement or the investigation or prosecution of law violations.

### **EFFECTS OF FAILURE TO FURNISH INFORMATION**

Failure to provide requested information may delay or interfere with your receiving inspection service and may result in civil penalties of \$100.00 per day against you or your business, as prescribed by (15 U.S.C. 50). In addition, persons making false, fictitious, or fraudulent statements or entries are subject to a \$10,000.00 fine or imprisonment for not more than 5 years or both, as prescribed by (18 U.S.C 1001).

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

**APPLICATION FOR FEDERAL INSPECTION**  
(Meat, Poultry, Siluriformes Fish, Egg Products and Import Inspection)

Submit this application electronically, or by mail, to the Grant Curator at the appropriate U.S. Department of Agriculture, Food Safety and Inspection Service, [District Office](#). 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**

<p>1. Date of Application <input style="width: 150px;" type="text"/></p>	<p>1a. Existing Establishment Number (if applicable) <input style="width: 100px;" type="text"/></p>	
<p>2. Type of Application (check all that apply)</p> <p><input type="checkbox"/> New    <input type="checkbox"/> Change of Location    <input type="checkbox"/> Change of Ownership    <input type="checkbox"/> Other, specify: <input style="width: 100px;" type="text"/></p>		
<p>3. Type of Inspection (check all that apply)</p> <p><input type="checkbox"/> Meat    <input type="checkbox"/> Poultry    <input type="checkbox"/> Egg Products    <input type="checkbox"/> Import    <input type="checkbox"/> Siluriformes Fish</p>		
<p>4. Form of Organization (check applicable box)</p> <p><input type="checkbox"/> Individual    <input type="checkbox"/> Cooperative Association    <input type="checkbox"/> Partnership    <input type="checkbox"/> Corporation    <input type="checkbox"/> Education Institution    <input type="checkbox"/> Limited Liability Company (LLC)    <input type="checkbox"/> Other</p>		
<p>5. If Corporation, Name of State or Territory where Incorporated</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>6. Date Incorporated</p> <p>mm/ dd/ yyyy <input style="width: 50px;" type="text"/></p>	<p>7. Name and Address of Corporate Headquarters</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 40px;" type="text"/> Zip Code <input style="width: 40px;" type="text"/> Country <input style="width: 100px;" type="text"/></p>
<p>8 Federal Employer ID#</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>9. Dun &amp; Bradstreet # (if applicable)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>11. Name of Applicant (person, firm or corporation making application) and mailing address</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 40px;" type="text"/> Zip Code <input style="width: 40px;" type="text"/> Country <input style="width: 100px;" type="text"/></p>
<p>10. Firm's Code (Import Only)</p> <input style="width: 100%; height: 20px;" type="text"/>		<p>12. Telephone number and e-mail address of applicant</p> <p>phone <input style="width: 100%;" type="text"/></p> <p>e-mail <input style="width: 100%;" type="text"/></p>
<p>13. Actual Name of Company and Physical Location Address of Establishment</p> <p>Name <input style="width: 100%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 100%;" type="text"/></p> <p>State <input style="width: 40px;" type="text"/> Zip Code <input style="width: 40px;" type="text"/> Country <input style="width: 100px;" type="text"/></p>		<p>14. Telephone number, mailing address and e-mail address of establishment</p> <p>phone <input style="width: 100%;" type="text"/></p> <p>mailing address <input style="width: 100%;" type="text"/></p> <p>e-mail <input style="width: 100%;" type="text"/></p>

**SECTION II. ESTABLISHMENT INFORMATION**

15. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under Federal inspection. Use continuation sheet or attachment if necessary. (For egg product plants, submit blueprints via electronic attachment or by mail.)

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

<p>16. Name and establishment number of other official establishments located in the same facility (if applicable)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>17. Other names - Doing Business As (DBA) - Use continuation sheet if necessary</p> <input style="width: 100%; height: 20px;" type="text"/>
<p>18. Estimated date when the establishment will be ready to operate under inspection (mm/ dd/ yyyy)</p> <input style="width: 100%; height: 20px;" type="text"/>	

**19. MEAT, POULTRY, AND SILURIFORMES FISH INSPECTION ACTIVITIES (check all that apply)**

<p><b>19A. SLAUGHTER OPERATIONS</b></p> <p><input type="checkbox"/> Calf</p> <p><input type="checkbox"/> Cattle</p> <p><input type="checkbox"/> Equine</p> <p><input type="checkbox"/> Goat</p> <p><input type="checkbox"/> Sheep</p> <p><input type="checkbox"/> Swine</p> <p><input type="checkbox"/> Chicken</p> <p><input type="checkbox"/> Duck</p> <p><input type="checkbox"/> Goose</p> <p><input type="checkbox"/> Guinea</p> <p><input type="checkbox"/> Ratite</p> <p><input type="checkbox"/> Squab</p> <p><input type="checkbox"/> Turkey</p> <p><input type="checkbox"/> Siluriformes Fish</p>	<p><b>19B. PROCESSING OPERATIONS</b></p> <p><input type="checkbox"/> a. Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> b. Heat Treated Not Fully Cooked - Not Shelf Stable</p> <p><input type="checkbox"/> c. Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> d. Not Heat Treated - Shelf Stable</p> <p><input type="checkbox"/> e. Product with Secondary Inhibitors - Not Shelf Stable</p> <p><input type="checkbox"/> f. Raw - Intact Products</p> <p><input type="checkbox"/> g. Raw - Non Intact Products</p> <p><input type="checkbox"/> h. Thermally Processed Commercially Sterile</p>	<p><b>19C. EXEMPTIONS (explain separation from inspected products on continuation sheet)</b></p> <p><input type="checkbox"/> Custom Processing</p> <p><input type="checkbox"/> Custom Slaughter</p> <p><input type="checkbox"/> Retail Activities</p> <p><u>Religious Exempt Poultry</u></p> <p><input type="checkbox"/> Buddhist eviscerated Poultry</p> <p><input type="checkbox"/> Confucian Non-eviscerated Poultry</p> <p><input type="checkbox"/> Islamic (Halal) Poultry</p> <p><input type="checkbox"/> Kosher Non-eviscerated Poultry</p> <p><u>Religious Exempt Livestock</u></p> <p><input type="checkbox"/> Halal</p> <p><input type="checkbox"/> Kosher</p> <p><input type="checkbox"/> Other (specify on continuation sheet)</p>	<p><b>19D. JURISDICTION (explain separation from inspected products on continuation sheet)</b></p> <p><input type="checkbox"/> FSIS Inspection only</p> <p><input type="checkbox"/> State Inspection</p> <p><input type="checkbox"/> Talmadge-Aiken</p> <p><u>Multiple Agencies</u></p> <p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Dual Jurisdiction Establishment with Food and Drug Administration (FDA)</p> <p><input type="checkbox"/> USDA Agricultural Marketing Service (AMS) Grading/Quality Control</p> <p><input type="checkbox"/> Establishment provides products for the National School Lunch Program</p>
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**20. EGG PRODUCTS INSPECTION (check all that apply)**

a. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg product)
  b. Heat Treated - Shelf Stable (dried egg product, 50% Sugar Yolk)
  c. Not Heat Treated - unpasteurized egg product only
  d. Egg Breaking

**21. IMPORT INSPECTION (check all that apply)**

<p><b>21A. Species</b></p> <p><input type="checkbox"/> Meat</p> <p><input type="checkbox"/> Poultry</p> <p><input type="checkbox"/> Egg Products</p> <p><input type="checkbox"/> Siluriformes Fish</p>	<p><b>21C. Types of Products (egg products)</b></p> <p><input type="checkbox"/> Egg /Egg Products</p> <p><input type="checkbox"/> Shell Eggs</p> <p><input type="checkbox"/> Liquid Eggs</p> <p><input type="checkbox"/> Frozen Eggs</p> <p><input type="checkbox"/> Dried Eggs</p>	<p><b>21D. Types of Products (meat and poultry only)</b></p> <table style="width:100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Fully Cooked - Not Shelf Stable  <input type="checkbox"/> Frozen from an APHIS restricted country 9 CFR 94.4 (b)  <input type="checkbox"/> Frozen  <input type="checkbox"/> Perishable  <input type="checkbox"/> Heat Treated - Not Fully Cooked - Not Shelf Stable  <input type="checkbox"/> Heat Treated - Shelf Stable  <input type="checkbox"/> Not Heat Treated - Shelf Stable  <input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable  <input type="checkbox"/> Raw - Non-Intact  <input type="checkbox"/> Ground product  <input type="checkbox"/> Other Non-intact                         </td> <td style="vertical-align: top;"> <input type="checkbox"/> Raw - Intact  <input type="checkbox"/> Cuts (including bone-in and boneless meats)  <input type="checkbox"/> Boneless and/or skinless parts  <input type="checkbox"/> Other Intact  <input type="checkbox"/> Carcasses  <table style="width:100%;"> <tr> <td><input type="checkbox"/> Beef</td> <td><input type="checkbox"/> Equine</td> </tr> <tr> <td><input type="checkbox"/> Goat</td> <td><input type="checkbox"/> Lamb</td> </tr> <tr> <td><input type="checkbox"/> Mutton</td> <td><input type="checkbox"/> Pork</td> </tr> <tr> <td><input type="checkbox"/> Poultry</td> <td><input type="checkbox"/> Ratite</td> </tr> <tr> <td><input type="checkbox"/> Veal</td> <td><input type="checkbox"/> Veal-hide on</td> </tr> </table> <input type="checkbox"/> Thermally Processed/Commercially Sterile  <input type="checkbox"/> Soups <input type="checkbox"/> Corned (species)  <input type="checkbox"/> Other <input type="checkbox"/> Ham                         </td> </tr> </table>	<input type="checkbox"/> Fully Cooked - Not Shelf Stable <input type="checkbox"/> Frozen from an APHIS restricted country 9 CFR 94.4 (b) <input type="checkbox"/> Frozen <input type="checkbox"/> Perishable <input type="checkbox"/> Heat Treated - Not Fully Cooked - Not Shelf Stable <input type="checkbox"/> Heat Treated - Shelf Stable <input type="checkbox"/> Not Heat Treated - Shelf Stable <input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable <input type="checkbox"/> Raw - Non-Intact <input type="checkbox"/> Ground product <input type="checkbox"/> Other Non-intact	<input type="checkbox"/> Raw - Intact <input type="checkbox"/> Cuts (including bone-in and boneless meats) <input type="checkbox"/> Boneless and/or skinless parts <input type="checkbox"/> Other Intact <input type="checkbox"/> Carcasses <table style="width:100%;"> <tr> <td><input type="checkbox"/> Beef</td> <td><input type="checkbox"/> Equine</td> </tr> <tr> <td><input type="checkbox"/> Goat</td> <td><input type="checkbox"/> Lamb</td> </tr> <tr> <td><input type="checkbox"/> Mutton</td> <td><input type="checkbox"/> Pork</td> </tr> <tr> <td><input type="checkbox"/> Poultry</td> <td><input type="checkbox"/> Ratite</td> </tr> <tr> <td><input type="checkbox"/> Veal</td> <td><input type="checkbox"/> Veal-hide on</td> </tr> </table> <input type="checkbox"/> Thermally Processed/Commercially Sterile <input type="checkbox"/> Soups <input type="checkbox"/> Corned (species) <input type="checkbox"/> Other <input type="checkbox"/> Ham	<input type="checkbox"/> Beef	<input type="checkbox"/> Equine	<input type="checkbox"/> Goat	<input type="checkbox"/> Lamb	<input type="checkbox"/> Mutton	<input type="checkbox"/> Pork	<input type="checkbox"/> Poultry	<input type="checkbox"/> Ratite	<input type="checkbox"/> Veal	<input type="checkbox"/> Veal-hide on
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<input type="checkbox"/> Beef	<input type="checkbox"/> Equine													
<input type="checkbox"/> Goat	<input type="checkbox"/> Lamb													
<input type="checkbox"/> Mutton	<input type="checkbox"/> Pork													
<input type="checkbox"/> Poultry	<input type="checkbox"/> Ratite													
<input type="checkbox"/> Veal	<input type="checkbox"/> Veal-hide on													
<p><b>21B. Mode of Transportation</b></p> <p><input type="checkbox"/> Rail Cars</p> <p><input type="checkbox"/> Ocean Vessel</p> <p><input type="checkbox"/> Trucks</p> <p><input type="checkbox"/> Airline</p> <p><input type="checkbox"/> Other, specify: <input style="width: 80px; height: 20px;" type="text"/></p>														

**SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT**

22. 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"/>

23. 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, 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

24. 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, 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

25. Check appropriate boxes if conditions for receiving inspection have been met in accordance with 9 CFR 304.3 and 381.22 for meat and poultry inspection only. Check all applicable boxes. (Does not apply to egg product inspection.)

Developed written recall procedures  Developed written Sanitation Standard Operating Procedures (SSOP)  Conducted a hazard analysis and developed a Hazard Analysis and Critical Control Point Plan (HACCP)

26. Applicant has been provided with a copy of the Privacy Act Notice?

Yes  No

**AGREEMENT AND CERTIFICATION:** If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et. seq.), or the Egg Products Inspection Act, (21 U.S.C. 1031 et. seq.), and the regulations governing the inspection of the meat, poultry or egg product inspection of the United States Department 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 \$10,000 fine or imprisoned not more than five years, or both, as prescribed by Title 18 U.S.C. 1001. 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.

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

28. Signature

**TO BE COMPLETED BY USDA FSIS OFO DISTRICT OFFICE ONLY**

29. Is this establishment: (check all that apply)

under State Inspection?

in the Cooperative Interstate Shipment (CIS) Program?

to be under the Talmadge-Aiken Act?

30. Date application received by District Office

31. Official inspection number(s) assigned by District Office

32. Signature of the District Manager

33. Date

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