

**RECOMMENDATION ON
APPLICATION FOR INSPECTION**

1. ESTABLISHMENT NO.	2. AREA
3. TYPE OF INSPECTION <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input type="checkbox"/> IMPORT	
4. DATE OF SURVEY	
6. LOCATION OF ESTABLISHMENT <i>(If different from Item 5)</i>	
7. ADDRESS OF STATE OFFICE	
8. DATE ESTABLISHMENT WILL BE READY FOR SERVICE	
9. RECOMMEND FOR GRANTING INSPECTION SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. ASSIGNMENT WILL BE COVERED BY: <i>(Number)</i> FULL-TIME INSPECTORS PART-TIME INSPECTORS

5. NAME AND MAILING ADDRESS OF APPLICANT

8. DATE ESTABLISHMENT WILL BE READY FOR SERVICE

9. RECOMMEND FOR GRANTING INSPECTION SERVICE?

YES NO

REMARKS *(Use additional blank pages as necessary)*

The above-named establishment was surveyed and found to be in compliance as indicated above. Service should be inaugurated as indicated in Item 8 above.

OFFICIAL'S SIGNATURE	DATE
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