

NOAA form 89-814 Prescribed by NOAA Inspection Manual 25			U.S. DEPARTMENT OF COMMERCE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION			CONTRACT NUMBER:		
<b>REQUEST FOR INSPECTION SERVICES</b>						FEDERAL TAX ID #: XXXXXXXXXXXXXXXXXXXXXXX		
						TODAY'S DATE:		
NAME OF REQUESTER				SERVICING AGENT'S NAME & PHONE NUMBER				
STREET ADDRESS				STREET ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE	
CONTACT NAME		PHONE NO.	FAX NO.	TYPE INSPECTION REQUESTED <input type="checkbox"/> <b>Lot Inspection Certificate</b> <input type="checkbox"/> <b>Export Health Certificate</b> <input type="checkbox"/> <b>Certificate of Origin</b> <input type="checkbox"/> <b>EU Certificate</b> <input type="checkbox"/> <b>Other:</b>				
LOCATION OF PRODUCTS - NAME								
LOCATION OF PRODUCTS - STREET ADDRESS								
CITY		STATE	ZIP CODE					
ASSESS CHARGES TO:				SPECIAL INSTRUCTIONS ( <i>Buyer Specifications, country requirements, etc.</i> ) <input type="checkbox"/> <b>Market Specifications:</b> <input type="checkbox"/> <b>Product on FDA Hold?</b>				
STREET ADDRESS				DISPOSITION OF SAMPLES: <input type="checkbox"/> <b>Return</b> <input type="checkbox"/> <b>Destroy</b> <input type="checkbox"/> <b>Charity</b>				
CITY		STATE	ZIP CODE	INSPECT FOR: <input type="checkbox"/> <b>Quality &amp; Condition</b> <input type="checkbox"/> <b>Minimum U.S. Grade Attributes</b> <input type="checkbox"/> <b>U.S. Grade A Attributes</b> <input type="checkbox"/> <b>Net Weight</b> <input type="checkbox"/> <b>Size or Count</b> <input type="checkbox"/> <b>Other:</b> <b>Origin:</b> _____				
CERTIFICATE FORWARDED TO:								
STREET ADDRESS								
CITY		STATE	ZIP CODE					
REMARKS								
NAME OF SHIPPER ( <i>For export only</i> )				NAME OF CONSIGNEE ( <i>For export only</i> )				
ADDRESS				ADDRESS				
PORT OF EXPORT		VESSEL OR AIRLINE		PORT OF DESTINATION				
APPLICANT ( <i>Printed Name &amp; Signature</i> )						DATE		

**Information Collection Notification - NOAA Form 89-814**

This information collection is authorized under 50 CFR §260.15. The information will be used to record applicants requesting inspection services on non-contractual basis. Public reporting burden for this collection of information is estimated to average 5 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. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to the Seafood Inspection Program, 1315 East-West Highway, Silver Spring, MD 20910. This information is required in order to receive inspection services on non-contract basis. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB control Number.