

Collection of this information is voluntary. It is needed before approval is granted for Voluntary Inspection and Certification Service. It is used by the Commonwealth to determine whether the applicant meets the requirements for a grant of inspection. (9 CFR 350.5)

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| VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF MEAT & POULTRY SERVICES APPLICATION/APPROVAL FOR VOLUNTARY REIMBURSABLE INSPECTION SERVICE | | INSTRUCTIONS: Submit the original of this application to the Program Manager, Office of Meat and Poultry Services, VA Department of Agriculture and Consumer Services. Complete all sections. If a section is not applicable, enter NA. If additional space is need, use reverse side and number the item. | | | 1. DATE OF APPLICATION | |
| 2. NAME OF APPLICANT | | 3. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> COOPERATIONS <input type="checkbox"/> OTHER (<i>specify</i>) | | | | |
| 4. APPLICANT'S MAILING ADDRESS: Street Address | | CITY | | STATE | | ZIP |
| 5. TELEPHONE NUMBER (include area code) | | 6. LOCATION OF PLANT IF DIFFERENT THAN ITEM 4: | | CITY | | STATE |
| 7. TELEPHONE NUMBER (include area code) | | 8. SERVICE REQUESTED | | REMARKS | | COMPLETED BY VDACS: Insp. Mgr./Prog. Mgr. |
| 8. <input type="checkbox"/> ID SERVICE: Meat <input type="checkbox"/> ID SERVICE: Poultry | | | | | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| 9. <input type="checkbox"/> CERTIFICATION Trichinae <input type="checkbox"/> CERTIFICATION Cysticercus | | | | | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| 10. <input type="checkbox"/> OFF-PREMISE FREEZING: Meat <input type="checkbox"/> OFF-PREMISE FREEZING: Poultry | | | | | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| 11. <input type="checkbox"/> FOOD INSPECTION | | | | | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| 12. <input type="checkbox"/> VOLUNTARY MEAT & POULTRY SLAUGHTER/PROCESSING (<i>Specify</i>) | | SLAUGHTER: <input type="checkbox"/> Antelope <input type="checkbox"/> Deer <input type="checkbox"/> Bison <input type="checkbox"/> Poultry <input type="checkbox"/> Buffalo <input type="checkbox"/> Rabbit <input type="checkbox"/> Catalo <input type="checkbox"/> Reindeer | | PROCESSING: <input type="checkbox"/> Antelope <input type="checkbox"/> Deer <input type="checkbox"/> Bison <input type="checkbox"/> Poultry <input type="checkbox"/> Buffalo <input type="checkbox"/> Rabbit <input type="checkbox"/> Catalo <input type="checkbox"/> Reindeer | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| 13. <input type="checkbox"/> ANIMAL FOODS INSPECTION (<i>Certified products for Dogs, Cats, and other Carnivore</i>) | | | | | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| 14. <input type="checkbox"/> TECHNICAL ANIMAL FATS (9 CFR 351) | | | | | | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| AGREEMENT AND CERTIFICATION: If inspection is granted under this application, I (We) expressly agree to conform strictly to the Virginia Meat and Poultry Products Inspection Act. And all regulations promulgated there under. I CERTIFY that all statement made herein are true to the best of my knowledge and belief. This is an EQUAL OPPORTUNITY PROGRAM. If you believe you have been discriminated against on the basis to race, gender (including sexual harassment, sexual orientation, gender identity and pregnancy), color, national origin, religion, age, veteran's status, political affiliation, or disability, write or call: Program Manager OMPS, 102 Governor Street, Suite 133, Richmond, VA 23218. Phone 804-786-4569 (voice) or Human Resource Office 804-371-7719 (voice) 800-828-1120 (TDD) email: hr.vdacs@vdacs.virginia.gov | | | | | | |
| 15. TYPE NAME OF PERSON SIGNING APPLICATION | | 16. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER (<i>making this application</i>) | | | 17. TITLE | 18. DATE |
| TO BE COMPLETED BY VDACS | | | | | | |
| 19. DATE RECEIVED | 20. DATE FACILITY REVIEWED: | 21. EST. NO. | 22. SIGNATURE OF INSPECTION MANAGER | 23. DATE | 24. SIGNATURE OF PROGRAM MANAGER | 25. DATE |