

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)

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: Reg. Sup./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 Trichnae <input type="checkbox"/> CERTIFICATION Cysticerus						<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 (Specify)		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 (Certified products for Dogs, Cats, and other Carnivora)						<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. VDACS & USDA prohibit discrimination in all of their programs and activities on the basis of race, color national origin, sex, religion, age, disability political beliefs, sexual orientation, and marital or family status in employment or in any program or activity conducted or funded by the two Departments. To file a complaint of discrimination, write or call: OMPS 102 Governor Street, Richmond, VA 23218 Phone 804-786-4569 (voice) or USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 (800) 795-3272 (voice) or (202) 720-6382 (TDD)						
15. TYPE NAME OF PERSON SIGNING APPLICATION		16. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED OFFICER (making this application)			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