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 0583-0082. The time required to complete this information collection is estimated to average .25 hours 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 SERVICE

In accordance with the applicable provisions of the regulation issued by the Food Safety and Inspection Service, U.S. Department of Agriculture, application is hereby made for the furnishing of the service(s) checked below to be performed at the plant specified:

"X"	VOLUNTARY SERVICE REQUESTED	REGULATIONS APPLICABLE TO SERVICE REQUESTED
	INSPECTION AND GRADING OF EGG PRODUCTS	INSPECTION AND GRADING OF EGG PRODUCTS (7 CFR Part 55)
"X"	MANDATORY SERVICE REQUESTED	REGULATIONS APPLICABLE TO SERVICE REQUESTED
	INSPECTION OF EGG PRODUCTS (DRIED)	INSPECTION OF EGGS AND EGG PRODUCTS (9 CFR Part 590)
	INSPECTION OF EGG PRODUCTS (LIQUID AND FROZEN)	INSPECTION OF EGG AND EGG PRODUCTS (9 CFR Part 590)

NAME AND ADDRESS OF PLANT (Street and No., City, State, and Zip Code)

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to the terms and conditions of the Egg Products Inspection Act (21 U.S.C. 1031 et seq.). The Regulations Governing the Inspection of Eggs and Egg Products (9 CFR Part 590 et seq.), or the Voluntary Inspection of Egg Products and Grading (7 CFR Part 55 et seq.), or both (including but not being limited to such instructions governing such service as may be issued, from time to time, by the Food Safety and Inspection Service). I hereby acknowledge receipt of a copy of the Egg Products Inspection Act, the Regulations Governing the Inspection of Eggs and Egg Products or the Voluntary Inspection of Egg Products and Grading. I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

NAME OF APPLICANT* ADDRESS OF APPLICANT (Street and No., City, State, and Zip Code	,
DATE SIGNATURE OF APPLICANT	

APPLICATION GRANTED (FOR USE BY USDA) FOOD SAFETY AND INSPECTION SERVICE

DATE	TITLE	BY (Signature)		
*No member of or delegate to Congress, or Resident Commissioner, shall be admitted to any benefit that may arise from this service unless derived through service				

rendered a corporation for its general benefit. This program or activity will be conducted on a nondiscriminatory basis without regard to race, religion, national origin, age, sex, marital status, or disability.