U.S.DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

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Frontline Supervisor
IIC

# STATE MEAT OR POULTRY PLANT INTENTION

| PLANT NAME | TELEPHONE *(Include area code)* |
|---|---|
| | |

PLANT ADDRESS

| NAME OF REPRESENTATIVE WHO CONTACTED YOUR PLANT | DATE |
|---|---|
| | |

**I have received and reviewed the information relating to exemption from Inspection under the Federal Meat and/or Poultry Inspection Acts.**

*PLEASE CHECK ONE BOX ONLY:*

☐ I will operate my business under the following exemption *(check one)* ☐ RETAIL ☐ CUSTOM

☐ I would like to operate my business under Federal inspection, and request that your representative provide me an itemized list of corrections that my plant needs prior to inauguration of inspection.

☐ I am uncertain at this time in which manner I will operate my business. However, I request your representative provide me an itemized list of additional requirements that my plant needs should I elect to operate under Federal inspection. I understand that I must submit written notification of my intention to operate my establishment under Federal inspection by _____ , *(insert date)* in order to assure continued operation after _____ . *(insert date)*

☐ I will no longer operate my business after _____ . *(insert date)*

OTHER COMMENTS

| SIGNATURE | TITLE | DATE |
|---|---|---|
| | | |