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 ○ INDIVIDUAL ○ PARTNERSHIP ○ CORPORATION ○ COOPERATIONS ○ OTHER (*specify)*	
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 ZIP	7. TELEPHONE NUMBER (include area code)
SERVICE REQUESTED	REMARKS	COMPLETED BY VDACS; Insp. Mgr./Prog. Mgr.
8. ☐ ID SERVICE: Meat ☐ ID SERVICE: Poultry		○ APPROVED ○ DISAPPROVED
9. ☐ CERTIFICATION Trichinae ☐ CERTIFICATION Cysticerus		○ APPROVED ○ DISAPPROVED
10. ☐ OFF-PREMISE FREEZING: Meat ☐ OFF-PREMISE FREEZING: Poultry		○ APPROVED ○ DISAPPROVED
11. ☐ FOOD INSPECTION		○ APPROVED ○ DISAPPROVED
12. ☐ VOLUNTARY MEAT & POULTRY SLAUGHTER/PROCESSING *(Specify)*	SLAUGHTER: ☐ Antelope ☐ Deer ☐ Bison ☐ Poultry ☐ Buffalo ☐ Rabbit ☐ Catalo ☐ Reindeer PROCESSING: ☐ Antelope ☐ Deer ☐ Bison ☐ Poultry ☐ Buffalo ☐ Rabbit ☐ Catalo ☐ Reindeer	○ APPROVED ○ DISAPPROVED
13. ☐ ANIMAL FOODS INSPECTION *(Certified products for Dogs, Cats, and other Carnivore)*		○ APPROVED ○ DISAPPROVED
14. ☐ TECHNICAL ANIMAL FATS (9 CFR 351)		○ APPROVED ○ 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 *(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