

AGRICULTURAL MARKETING SERVICE, SPECIALTY CROPS PROGRAM **REQUEST FOR AUDIT SERVICES**

(This is the only acceptable form for fax or electronic submission to USDA for audit requests)

NOTE: Fill in all appropriate blocks. Requested services may be delayed because of incomplete information. Type of service requested must be selected below. Services will be declined if the request is beyond our scope of certification. Once a request has been received, a USDA representative will make contact within 48 hours of receipt to schedule the audit.

DATE OF REQUEST:		ANTICIPA ^T	ITICIPATED DATE OF AUDIT:	
AUDITEE INFORMATION			FARM / FACILITY INFORMATION	
Company Name:			Location:	
Street Address:			Location.	
City, State & Zip:		To	otal Acres /	
Phone Number:			otal Sq Feet	
Contact Person:		to b	be audited:	
APPLICANT INFORMATION		CO	OMMODITIES TO BE COVERED BY AUDIT (Please List)	
Company Name				
Phone Number:				
Fax Number:				
E-mail:				
Contact Person:				
TYPE OF AUDIT SERVICES REQUESTED (Please choose at least one)				
Produce GAPs Harmonized Audit - Field Operations & Harvesting				
Produce GAPs Harmonized Audit - Field Operations & Harvesting			Handling Practices (GAP&GHP) Audit (choose scopes below)	
w/ Global Markets Primary Production Addendum			Part 1 – Farm Review	
☐ Produce GAPs Harmonized Audit - Post Harvest			Part 2 – Field Harvest & Field Packing Activities	
☐ Produce GAPs Harmonized Audit – Post Harvest w/ Global Markets Primary Production Addendum			☐ Part 3 – House Packing Facility	
Mushroom Specific GAP Audit (M-GAP)			☐ Part 4 – Storage & Transportation	
☐ Tomato Audit Protocol - Open Field Production, Harvest & Field Packing			Part 6 – Wholesale Distribution Center / Terminal Warehouse	
☐ Tomato Audit Protocol - Packinghouse			Part 7 – Preventative Food Defense Procedures	
☐ Tomato Audit Protocol - <i>Greenhouse</i>			Food Defense	
☐ Tomato Audit Protocol – Repacking and Distribution			Other:	
☐ Plant Systems Audit (PSA)				
ADDITIONAL				

REMARKS

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 0581-0125. The time required to complete this information collection is estimated average 2 minutes 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.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other

than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: gram.intake@usda.gov

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