

This information collection is necessary to ensure that samples imported into the United States are not mixed with product that will be sold or distributed in commerce. (9 CFR 327.19, and 381.207, and 590.960). OMB Approved No. 0583-0094. **OMB DISCLOSURE STATEMENT:** Public reporting burden for this collection of information is estimated to 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, DC 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0583-0094), Washington, D.C. 20250. If the OMB clearance number does not appear on this form, you are not obligated to complete it.

U. S. Department of Agriculture  
Food Safety and Inspection Service

## NOTIFICATION OF INTENT

TO IMPORT MEAT, POULTRY, OR EGG PRODUCTS  
"SAMPLES FOR LABORATORY EXAMINATION, RESEARCH,  
EVALUATIVE TESTING OR TRADE SHOW EXHIBITION"

1. FOREIGN HEALTH CERTIFICATE NUMBER  
(if applicable)

2. U.S. POINT OF ENTRY (port of entry)		3. APHIS PERMIT NUMBER (if applicable)	
4. NAME AND ADDRESS OF EXPORTER		5. CUSTOM ENTRY NUMBER (when applicable)	
6. NAME AND ADDRESS OF CUSTOMS BROKER OR APPLICANT		7. PHONE NUMBER	8. FACSIMILE NUMBER
9. NAME AND ADDRESS OF CONSIGNEE		10. PHONE NUMBER	11. FACSIMILE NUMBER
12. ADDRESS TO WHERE THE SAMPLES WILL BE SHIPPED (if different from consignee)		13. PHONE NUMBER	14. FACSIMILE NUMBER
15. INTENDED USE OF SAMPLES <input type="checkbox"/> LABORATORY EXAMINATION <input type="checkbox"/> RESEARCH <input type="checkbox"/> EVALUATIVE TESTING <input type="checkbox"/> TRADE SHOW EXHIBITION			
16. FURTHER DESCRIPTION OF HOW SAMPLES WILL BE USED			
17. COUNTRY OF ORIGIN	18. FOREIGN EST. NO. (if applicable)	19. NAME OF PRODUCT AND SPECIES DERIVED FROM	
20. NET WEIGHT (lbs.)	21. TYPE/METHOD OF PACKAGING	22. NUMBER OF CARTONS OR UNITS	
23. NAME OF FSIS REGIONAL IMPORT FIELD OFFICE (where form will be submitted) <input type="checkbox"/> Detroit, MI <input type="checkbox"/> Los Angeles, CA <input type="checkbox"/> Miami, FL <input type="checkbox"/> Philadelphia, PA			
24. DISPOSAL SITE (name and address where product will be disposed)			
25. METHOD OF DISPOSAL (Describe the process of destruction/denaturing. For guidance refer to 9 CFR 325.13)			
26. NAME OF BROKER OR APPLICANT (printed/typed)		27. TITLE	
28. SIGNATURE OF BROKER OR APPLICANT		29. DATE	
30. RIFO VERIFICATION REQUEST <input type="checkbox"/> Check box if verification of the shipment is requested.	31. SIGNATURE OF FSIS OFFICIAL WHEN VERIFIED		32. DATE VERIFIED

**DISTRIBUTION: IMPORT/BROKER/APPLICANT - Fax or deliver the completed form to the Regional Import Field Office for the state where the product is destined; Regional Import Field Office shall retain in the file.**