

GEORGIA FEDERAL-STATE SHIPPING POINT INSPECTION SERVICE, INC.
REQUEST FOR PHYTOSANITARY INSPECTION

APPLICANT NAME _____		CONTACT _____	
ADDRESS _____		TELEPHONE No. _____	
CITY _____		STATE _____	ZIP _____
SHIPPER		INSPECTION LOCATION/BUYING POINT	
		B.P. No. & NAME	
INSPECTION REQUESTED BY: _____		TYPE OF CARRIER	
REQUESTED DATE & TIME: _____		<input type="checkbox"/> CONTAINER	
DATE & TIME LOT AVAILABLE: _____		<input type="checkbox"/> TRAILER	
COMMODITY			
FARMER STOCK PEANUTS _____		BULK _____	
SHELLED PEANUTS _____		TOTE SACKS _____	
OTHER _____			
PRODUCT			
TYPE: _____			
CROP YEAR: _____			
APPL. STATES SEG: _____			
APPLICANTS LOT NUMBER _____			
REMARKS:			

FOR FSSPIS USE ONLY: INSPECTION ASSIGNED TO: _____

INITIALS