

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 (excluding weekends and holidays) of receipt to schedule the audit.

DATE OF REQUEST:		ANTICIPA	ATED DATE O	F AUDIT:	
AUDITEE INFORMATION			FARM / FACILITY INFORMATION		
Company Name:					
Street Address:			Location(s),		
City, State & Zip:			ling non- guous sites		
Phone Number:			nd fields: Please list here or		
Fax Number:		(n longer list)		
E-mail:			Acres / Total		
			Sq. Feet to be audited:		
APPLICANT INFO	ORMATION (responsible for pay	ment)			
Same as above (please still list Billing Account No.)				
Company Name:					
Phone Number:			modities to be		
Fax Number:			ed by the (Please list		
E-mail:			here or attach longer list):		
Contact Person:		longe			
Billing Acct No.:					
AUDIT PROGR	AM REQUESTED (Please choose	se at least o	one)		
Produce GAPs Harmonized Audit (choose scopes		es	USDA Good Agricultural Practices and Good Handling		
below) Field Operations & Harvesting			Practices (GAP&GHP) Audit (choose scopes below) Part 1 – Farm Review		
Post-harvest			Part 2 – Field Harvest & Field Packing Activities		
Tomato Audit Protocol (choose scopes below)			Part 3 – House Packing Facility		
Open-field Production and Harvesting			Part 4 – Storage & Transportation		
Packinghouse			Part 6 – Wholesale Distribution Center/Terminal Warehouse		
Greenhouse			Part 7 – Preventive Food Defense Procedures		
Packing and Distribution			Mushroom Specific GAP Audit (M-GAP)		
Harmonized GAP Plus+ Audit (choose scopes below)		pelow)		Non-GAP Audit Se	ervices
Field Operations & Harvesting			Food Defense		
Post-harvest Operations			Plant Systems Audit		
Tomato Audit Protocol (choose scopes below)					
Open-field Production and Harvesting			Other: (please list any additional servics, not already included above)		
Packinghouse					
Greenhouse					
Packing and Distribution					
GroupGAP (also choose GAP audit service)					

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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: program.intake@usda.gov.

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