



United States Department of Agriculture

Agricultural Marketing Service, Specialty Crops Program, Specialty Crops Inspection Division

Instructions for Submittal of the SCI Division Vendor Form for Audit Services

Beginning October 1, 2018, all applicants choosing to have a USDA GAP audit, performed by one of the USDA/AMS state departments of agriculture, will receive two bills for the audit service – one from the state and one from USDA.

The applicant must follow these steps to set up their account with the USDA billing office, as soon as possible after the audit has been conducted:

1. Complete the SCI Division Vendor Form SC-430 (attached).
2. Send the form to SCI Division Audit Services Branch (ASB) using one of the following methods:
 - a. Email to SCReimbursement@ams.usda.gov
 - b. Fax to 866-230-9168
 - c. Mail to:

USDA, AMS, SCI, ASB
1400 Independence Avenue, SW
Stop 0247, Room 0707-S
Washington, DC 20250-0247

Please note that, while the bill will not be issued until after certification is completed, failure to set up an account or to pay either the state or USDA bill will be reason to cancel the USDA GAP certification.



**SPECIALTY CROPS INSPECTION DIVISION
VENDOR FORM**

TO BE FILLED OUT BY THE ORIGINATING OFFICE

CHECK ONE: NEW APPLICANT UPDATING EXISTING APPLICANT INFORMATION

DATE:		PACA LICENSE NUMBER:	
ORIGINATING OFFICE (include office # and state):		APPLICANT NUMBER (IF NEW LEAVE BLANK):	
APPLICANT NAME:		CONTACTS:	
ADDRESS (STREET ADDRESS REQUIRED):	CITY	STATE:	ZIP:
BILLING ADDRESS (IF DIFFERENT THAN STREET ADDRESS):	CITY:	STATE:	ZIP:
DOING BUSINESS AS (Use this section if certificate recipient is different to the person above):			
PHONE:		FAX:	
EMAIL:		TAX ID NUMBER (REQUIRED):	
<input type="checkbox"/> SCENARIO A: AN APPLICANT THAT IS NOT LISTED IN THE FEIRS/BIIS GLOBAL LIST OF APPLICANTS. <input type="checkbox"/> SCENARIO B: AN APPLICANT THAT IS LISTED IN THE GLOBAL FEIRS/BIIS DATABASE, BUT DOES NOT HAVE AN ACCOUNT NUMBER FOR THE LOCAL OFFICE.			
APPLICANT WILL BE A:		DATE SENT TO SERVICE CENTER OR BILLING STAFF:	
<input type="checkbox"/> BILLING <input type="checkbox"/> COD			

TO BE FILLED OUT BY SERVICE CENTER OR BILLING STAFF

DATE RECEIVED:	FMMI NUMBER:
APPLICANT NUMBER GENERATED (LIST NUMBER HERE):	NOTES:
DATE ENTERED INTO FEIRS/BIIS & FMMI:	
DATE ORIGINATING OFFICE NOTIFIED APP. IS IN FEIRS/BIIS & FMMI:	