INSTRUCTIONS FOR COMPLETION OF FSIS FORM 5200-2

Complete all sections. Enter N/A if a section is not applicable. Use continuation sheet if needed on Page 7 and number the item. To submit electronically, access the FSIS Form 5200-2, Application for Federal Inspection, on the FSIS Forms page. Complete the electronically-fillable form and save the form on your hard drive. Print the form and sign it. Scan the form and e-mail the completed form to the Grant Curator in the appropriate District Office. For paper copies, send the signed application form to the Grant Curator at the District Office mailing address.

SECTION I. APPLICANT INFORMATION - *(Page Three)*

1. Date of Application: Put current date application is completed.

1a. Existing Establishment Number, if applicable.

2. Type of Application (check all that apply).

3. Type of Inspection (check all that apply).

4. Form of Organization (check applicable box).

5. If Corporation, Name of State where Incorporated.

6. Date Incorporated: Show month, date, and year, e.g., mm/dd/yyyy.

7. Name and Address of Corporate Headquarters.

8. Federal Employer ID #.

9. Dun & Bradstreet #, if applicable.

10. Firm's Code (Import Only).

11. Name of Applicant (person, firm, or corporation making application) and mailing address.

12. Telephone number and e-mail address of applicant.

13. Actual Name of Company and Physical Location Address of Establishment.

14. Telephone number and e-mail address of establishment.

SECTION II. ESTABLISHMENT INFORMATION - *(Page Three)*

15. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under Federal inspection

16. Name and establishment number of other official establishments located in the same facility, if applicable.

17. Other names - Doing Business As (DBA). Use continuation sheet if necessary.

18. Month and year when establishment will be ready to operate under inspection.

SECTION III. TYPE OF OPERATIONS - Meat, Poultry, Siluriform Fish, Egg Products, and Import Inspection - *(Page Four)*

19A. Check all applicable boxes of animals to be slaughtered at the establishment.

19B. Check all applicable boxes for the types of products intended for processing operations at the establishment.

19C. Check all applicable boxes to indicate the type of exempt activities and provide an attachment to explain how the activities will be separated by time or by space.

19D. Check all applicable boxes under JURISDICTION

20. Check all applicable boxes (EGG PRODUCTS INSPECTION ONLY)

21A. Check all applicable boxes for Species (IMPORT INSPECTION ONLY)

21B. Check all applicable boxes for Mode of Transportation (IMPORT INSPECTION ONLY)

21C. and 21D. Check all applicable boxes Types of Products (IMPORT INSPECTION ONLY)

SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT - *(Pages Five and Six)*

22. The applicant must provide a list of persons responsibly connected with the establishment. Include all partners, officers, directors, holders, or owners if 10% or more of its voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide an attachment, if necessary .

23. Self-explanatory. If none, check the None box. If yes, check the Yes box and explain.

24. Self-explanatory. If none, check the None box. If yes, check the Yes box and explain.

25. Have conditions for receiving inspection been met (SSOP, Recall Procedures, HACCP) in accordance with 9 CFR 304.3 and 381.22? Check all applicable boxes.

26. Privacy Act Notice. Check appropriate box.

PLEASE READ AGREEMENT, CERTIFICATION, AND WARNING STATEMENT

27. Typed or written name and title of person signing application. (Must be listed in Block 22).

28. Signature: By signing your name in this block you are stating that the information provided is accurate and binding.

BLOCKS 29, 30, 31, 32, AND 33 - TO BE COMPLETED BY USDA, FSIS, OFO DISTRICT OFFICE ONLY

PRIVACY ACT NOTICE

The Privacy Act of 1974 (5 U.S.C. 522A) requires that certain information be given to you when you are requested to furnish personal information to a Government Agency. The required information is provided in this Notice. The act does not apply, however, to business information about your firm.

AUTHORITY FOR REQUESTING INFORMATION

Authority for requesting both personal and business information is contained in the Federal Meat Inspection Act (21 U.S.C.601 et seq.) and the Poultry Products Inspection Act (21 U.S.C. 451 et seq.). Under these Acts, the Secretary of Agriculture is authorized to determine the fitness of applicants for or recipients of inspection service to engage in business requiring inspection. Your disclosure of personal information to aid in this determination is mandatory. The Acts also require full and complete disclosure of records and information showing the transactions of your business.

PURPOSE FOR WHICH THE INFORMATION WILL BE USED

This information is being requested to establish and record your identity as a responsible official of the business and to determine your fitness to receive a Grant of Inspection.

ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION

In appropriate situations, a report containing the information you furnish may be referred to other federal, state, local or foreign agencies charged with law enforcement or the investigation or prosecution of law violations.

EFFECTS OF FAILURE TO FURNISH INFORMATION

Failure to provide requested information may delay or interfere with your receiving inspection service and may result in civil penalties of $100.00 per day against you or your business, as prescribed by (15 U.S.C. 50). In addition, persons making false, fictitious, or fraudulent statements or entries are subject to a $10,000.00 fine or imprisonment for not more than 5 years or both, as prescribed by (18 U.S.C 1001).

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or disability, immediately contact USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., S..W., Stop 9410, Washington, DC 20250-9410, Toll-Free: (866) 632-9992, Federal relay: (800) 877-8339, Spanish relay: (800) 845-6136, Fax: (202) 690-7442, Email: Program.intake@usda.gov

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 0583-0153. The time required to complete this information collection is estimated to average 10 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.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

APPLICATION FOR FEDERAL INSPECTION

(Meat, Poultry, Siluriform Fish, Egg Products and Import Inspection)

Submit this application electronically, or by mail, to the Grant Curator at the appropriate U.S. Department of Agriculture, Food Safety and Inspection Service, District Office. Complete all sections. If a section is not applicable, enter N/A or None. If additional space is needed for any items, use the continuation sheet provided or an attachment. Number the item.

SECTION I. APPLICANT INFORMATION

1. Date of Application

1a. Existing Establishment Number (if applicable)

2. Type of Application (check all that apply)

☐ New ☐ Change of Location ☐ Change of Ownership ☐ Other, specify:

3. Type of Inspection (check all that apply)

☐ Meat ☐ Poultry ☐ Egg Products ☐ Import ☐ Siluriform Fish

4. Form of Organization (check applicable box)

☐ Individual ☐ Cooperative Association ☐ Partnership ☐ Corporation ☐ Education Institution ☐ Limited Liability Corporation (LLC) ☐ Other

5. If Corporation, Name of State or Territory where Incorporated

6. Date Incorporated

mm/ dd/ yyyy

7. Name and Address of Corporate Headquarters

Name

Address

City

State Zip Code Country

8 Federal Employer ID#

9. Dun & Bradstreet # (if applicable)

10. Firm's Code (Import Only)

11. Name of Applicant (person, firm or corporation making application) and mailing address

Name

Address

City

State Zip Code Country

12. Telephone number and e-mail address of applicant

phone

e-mail

13. Actual Name of Company and Physical Location Address of Establishment

Name

Address

City

State Zip Code Country

14. Telephone number, mailing address and e-mail address of establishment

phone

mailing address

e-mail

SECTION II. ESTABLISHMENT INFORMATION

15. Establishment Limits: Provide a diagram, schematic or written narrative of the establishment premises that is requested to be under Federal inspection. Use continuation sheet or attachment if necessary. (For egg product plants, submit blueprints via electronic attachment or by mail.)

☐ on continuation sheet ☐ attached document ☐ by other means (mail, courier) ☐ previously submitted

16. Name and establishment number of other official establishments located in the same facility (if applicable)

17. Other names - Doing Business As (DBA) - Use continuation sheet if necessary

18. Estimated date when the establishment will be ready to operate under inspection (mm/ dd/ yyyy)

SECTION III. TYPE OF OPERATIONS

19. MEAT, POULTRY, AND SILURIFORM FISH INSPECTION ACTIVITIES (*check all that apply*)

19A. SLAUGHTER OPERATIONS

- ☐ Calf
- ☐ Cattle
- ☐ Equine
- ☐ Goat
- ☐ Sheep
- ☐ Swine
- ☐ Chicken
- ☐ Duck
- ☐ Goose
- ☐ Guinea
- ☐ Ratite
- ☐ Squab
- ☐ Turkey
- ☐ Siluriform Fish

19B. PROCESSING OPERATIONS

- ☐ a. Fully Cooked - Not Shelf Stable
- ☐ b. Heat Treated Not Fully Cooked - Not Shelf Stable
- ☐ c. Heat Treated - Shelf Stable
- ☐ d. Not Heat Treated - Shelf Stable
- ☐ e. Product with Secondary Inhibitors - Not Shelf Stable
- ☐ f. Raw - Intact Products
- ☐ g. Raw - Non Intact Products
- ☐ h. Thermally Processed Commercially Sterile

19C. EXEMPTIONS (explain separation from inspected products on continuation sheet)

- ☐ Custom Processing
- ☐ Custom Slaughter
- ☐ Retail Activities

Religious Exempt Poultry

- ☐ Buddhist eviscerated Poultry
- ☐ Confucian Non-eviscerated Poultry
- ☐ Islamic (Halal) Poultry
- ☐ Kosher Non-eviscerated Poultry

Religious Exempt Livestock

- ☐ Halal
- ☐ Kosher
- ☐ Other (specify on continuation sheet)

19D. JURISDICTION (explain separation from inspected products on continuation sheet)

- ☐ FSIS Inspection only
- ☐ State Inspection
- ☐ Talmadge-Aiken

Multiple Agencies

- ☐ N/A
- ☐ Dual Jurisdiction Establishment with Food and Drug Administration (FDA)
- ☐ USDA Agricultural Marketing Service (AMS) Grading/Quality Control
- ☐ Establishment provides products for the National School Lunch Program

20. EGG PRODUCTS INSPECTION (check all that apply)

- ☐ a. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg product)
- ☐ b. Heat Treated - Shelf Stable (dried egg product, 50% Sugar Yolk)
- ☐ c. Not Heat Treated - unpasteurized egg product only
- ☐ d. Egg Breaking

21. IMPORT INSPECTION (check all that apply)

21A. Species

- ☐ Meat
- ☐ Poultry
- ☐ Egg Products
- ☐ Siluriform Fish

21B. Mode of Transportation

- ☐ Rail Cars
- ☐ Ocean Vessel
- ☐ Trucks
- ☐ Airline
- ☐ Other, specify: _____

21C. Types of Products (egg products)

- ☐ Egg /Egg Products
- ☐ Shell Eggs
- ☐ Liquid Eggs
- ☐ Frozen Eggs
- ☐ Dried Eggs

21D. Types of Products (meat and poultry only)

- ☐ Fully Cooked - Not Shelf Stable
  - ☐ Frozen from an APHIS restricted country 9 CFR 94.4 (b)
  - ☐ Frozen
  - ☐ Perishable
- ☐ Heat Treated - Not Fully Cooked - Not Shelf Stable
- ☐ Heat Treated - Shelf Stable
- ☐ Not Heat Treated - Shelf Stable
- ☐ Product with Secondary Inhibitors - Not Shelf Stable
- ☐ Raw - Non-Intact
  - ☐ Ground product
  - ☐ Other Non-intact
- ☐ Raw - Intact
  - ☐ Cuts (including bone-in and boneless meats)
  - ☐ Boneless and/or skinless parts
  - ☐ Other Intact
- ☐ Carcasses
  - ☐ Beef
  - ☐ Equine
  - ☐ Goat
  - ☐ Lamb
  - ☐ Mutton
  - ☐ Pork
  - ☐ Poultry
  - ☐ Ratite
  - ☐ Veal
  - ☐ Veal-hide on
- ☐ Thermally Processed/Commercially Sterile
  - ☐ Soups
  - ☐ Corned (species)
  - ☐ Other
  - ☐ Ham

SECTION IV. PERSONS RESPONSIBLY CONNECTED WITH APPLICANT

22. The applicant must provide a list of persons responsibly connected with the establishment. Include all partners, officers, directors, holders, or owners of 10 percent or more of voting stock or employees in a managerial or executive capacity. Check the appropriate box for 10% or more voting stock. Use continuation sheet or provide an attachment if necessary.

Name and Title	Present e- mail and home address	Holder of 10% or more voting stock? (if corporation)
First	e-mail	☐ yes
Last	Address	☐ no
	City	
Title	State / Zip Code / Country	
First	e-mail	☐ yes
Last	Address	☐ no
	City	
Title	State / Zip Code / Country	
First	e-mail	☐ yes
Last	Address	☐ no
	City	
Title	State / Zip Code / Country	
First	e-mail	☐ yes
Last	Address	☐ no
	City	
Title	State / Zip Code / Country	
First	e-mail	☐ yes
Last	Address	☐ no
	City	
Title	State / Zip Code / Country	
First	e-mail	☐ yes
Last	Address	☐ no
	City	
Title	State / Zip Code / Country	

23. Enter the name of each person listed in Block 22 who has been convicted in any Federal or state court of (1) any felony, or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of the conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

☐ None ☐ Yes, explain

24. List each conviction against the applicant or recipient (person, firm or corporation) in any Federal or state court of any (1) felony, or (2) more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime(s), indicate felony/misdemeanor, the date of conviction and the court in which convicted. If none, check the box. If yes, check the yes box and explain. Use continuation sheet if necessary.

☐ None ☐ Yes, explain

25. Check appropriate boxes if conditions for receiving inspection have been met in accordance with 9 CFR 304.3 and 381.22 for meat and poultry inspection only. Check all applicable boxes. (Does not apply to egg product inspection.)

☐ Developed written recall procedures ☐ Developed written Sanitation Standard Operating Procedures (SSOP) ☐ Conducted a hazard analysis and developed a Hazard Analysis and Critical Control Point Plan (HACCP)

26. Applicant has been provided with a copy of the Privacy Act Notice?

☐ Yes ☐ No

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et. seq.), or the Egg Products Inspection Act, (21 U.S.C. 1031 et. seq.), and the regulations governing the inspection of the meat, poultry or egg product inspection of the United States Department of Agriculture (9 CFR Part 301 et. seq.). I CERTIFY that all statements made herein are true to the best of my knowledge and belief.
WARNING: Persons knowingly and willfully making false, fictitious, or fraudulent statements or entries are subject to $10,000 fine or imprisoned not more than five years, or both, as prescribed by Title 18 U.S.C. 1001. This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, DC 20250.

27. Typed or written name and title of person signing application

28. Signature

TO BE COMPLETED BY USDA FSIS OFO DISTRICT OFFICE ONLY

29. Is this establishment: (check all that apply) ☐ under State Inspection? ☐ in the Cooperative Interstate Shipment (CIS) Program? ☐ to be under the Talmadge-Aiken Act?

30. Date application received by District Office

31. Official inspection number(s) assigned by District Office

32. Signature of the District Manager

33. Date