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United States Department of Agriculture

OMB No. 0581-0125
Exp. 10/31/2026

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 *(with four-digit postal code)*:
BILLING ADDRESS *(if different than street address)*:	CITY:	STATE:	ZIP *(with four-digit postal code)*:
DOING BUSINESS AS *(use this section if certificate recipient is different to the person above)*:			
PHONE:	FAX:		
EMAIL:	TAX ID NUMBER *(required)*:		
☐ **SCENARIO A:** AN APPLICANT THAT IS NOT LISTED IN THE FEIRS/SCION GLOBAL LIST OF APPLICANTS. ☐ **SCENARIO B:** AN APPLICANT THAT IS LISTED IN THE GLOBAL FEIRS/SCION DATABASE BUT DOES NOT HAVE AN ACCOUNT NUMBER FOR THE LOCAL OFFICE.			
APPLICANT WILL BE A:	DATE SENT TO SERVICE CENTER OR BILLING STAFF:		
☐ BILLING ☐ 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/SCION & FMMI:	
DATE ORIGINATING OFFICE NOTIFIED APP. IS IN FEIRS/SCION & FMMI:	