



MISSOURI DEPARTMENT OF AGRICULTURE
MISSOURI MEAT AND POULTRY INSPECTION PROGRAM
APPROVAL OF LABELS, MARKING OR DEVICE

PAGE	OF
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Information provided in items 6, 7, and 8 is exempt from mandatory disclosure under the Freedom of Information Act.

APPLICANT: See reverse for instructions.

1. APPLICANT OR AGENT NAME, ADDRESS, TELEPHONE NO. _____ _____ ()	2. ESTABLISHMENT NUMBER
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3a. NAME OF PRODUCT	3b. HACCP PROCESS CATEGORY
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4a. TYPE OF APPROVAL REQUESTED <input type="checkbox"/> SKETCH <input type="checkbox"/> TEMPORARY <input type="checkbox"/> EXTENSION OF TEMPORARY <input type="checkbox"/> FINAL	4b. WAS THE LABEL PREVIOUSLY APPROVED <input type="checkbox"/> YES ▶ Date of approval: _____ Prior approval number: _____ <input type="checkbox"/> NO Number of labels on hand: _____ Number of days requested: _____	5a. AREA OF PRINCIPAL DISPLAY PANEL (SQUARE INCHES) 5b. TOTAL AVAILABLE LABELING SPACE FOR ENTIRE PACKAGE (SQUARE INCHES)
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6. PRODUCT FORMULA	<input type="checkbox"/> PCT <input type="checkbox"/> WEIGHT (No Fractions)	7. PROCESSING PROCEDURES (Approval of the sketch does not convey approval of the processing procedures)
TOTAL (Percent must total 100%)		

8. NAME AND ADDRESS OF FIRM (BELOW AND BETWEEN DOTS) _____	9. SIGNATURE OF APPLICANT OR AGENT	DATE
10. CONDITIONS APPLYING TO USE OF LABELS OR DEVICE (FOR MMPIP USE ONLY)		