



### REQUEST FOR SHIPPING POINT/EXPORT INSPECTION

(This is the only acceptable form for submission to State of Michigan for requesting inspection services)

**NOTE: Fields with "\*" must be completed. Inspection may be delayed because of incomplete information.**

*Applicant's (Company) Name:		*Date of Inspection:		
*Street Address:		*Time of Inspection:		
*City, State & Zip:		<b>*P.O. Number:</b>		
*Contact Person:				
*Phone Number:		<b>*P.O. Line Item Number / If Applicable:</b>		
*E-Mail Address:				
Enter when different from Applicant:	*Shipper's Name:		<b>*Solicitation Number / If Applicable:</b>	
	City and State:			
	Receiver's Name:			
	City and State:			
*Location of Product(s):		<b>*Sales Order Number / If Applicable:</b>		
<b>*Shipment Destination</b>				

Products To Be Inspected					
*Products	Brands/Marks	*Quantity	*Type Container	Size	Type/Variety
Remarks/Special Instructions:					

**State of Michigan Official Use Only:**

Date Request Received:	
Time Request Received:	

Remarks/Special Instructions: