

**U.S. DEPARTMENT OF AGRICULTURE
FEDERAL GRAIN INSPECTION SERVICE APPLICATION**

APPLICATION CHALLENGE FOR USGSA EXCEPTION REQUEST

INSTRUCTIONS: An assigned official agency may challenge an applicant's timely service or nonuse of service exception request for any reason. To do so, fill in the requested information below and submit this challenge with any supporting documentation within 14 calendar days of notification of the exception request. Submit this form and any accompanying documentation to FGISQACD@usda.gov.

1. REPRESENTATIVE NAME (LAST, FIRST)	2. TITLE/POSITION	3. OFFICIAL AGENCY
4. EMAIL ADDRESS	5. PHONE NUMBER	6. AGENCY MYFGIS NUMBER
7. EXCEPTION REQUEST TYPE	8. EXCEPTION REQUEST I.D. NUMBER	9. FACILITY/ELEVATOR LEGAL NAME

10. FACILITY/ELEVATOR ADDRESS

11. OBJECTION/REASON FOR CHALLENGING THE EXCEPTION (PLEASE EXPLAIN FULLY AND ATTACH ANY SUPPORTING DOCUMENTATION)

12. SIGNATURE OF REPRESENTATIVE	13. DATE (MM/DD/YYYY)
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Instructions for Completing QACD-102

Complete sections 1-13 with the following information

1. **REPRESENTATIVE NAME.** The first and last name of the person submitting the form.
2. **TITLE/POSITION.** The title or position name of the representative completing the form.
3. **OFFICIAL AGENCY.** Insert the employing official agency name.
4. **REPRESENTATIVE EMAIL ADDRESS.** The representative's email address.
5. **REPRESENTATIVE PHONE NUMBER.** The representative's phone number.
6. **AGENCY MyFGIS Number.** The MyFGIS Number of the agency submitting the challenge.
7. **EXCEPTION REQUEST TYPE.** Please select from the dropdown the exception type that corresponds with the exception request being challenged.
8. **EXCEPTION REQUEST I.D. NUMBER.** Insert the exception request I.D. number provided by FGIS when notified of the exception request receipt.
9. **FACILITY/ELEVATOR LEGAL NAME.** The official name of the facility in which excepted services are being requested.
10. **FACILITY/ELEVATOR COMPLETE ADDRESS.** The facility's street address, city, state, and zip code where the excepted services are being requested.
11. **OBJECTION/REASON FOR CHALLENGING THE EXCEPTION.** Fully explain and include details relevant to this challenge. Documentation supporting the claims may accompany QACD-102.
12. **SIGNATURE OF REPRESENTATIVE.** The representative's signature either electronically or on a printed and scanned version.
13. **DATE.** The date the representative signs the form.

CONTACT INFORMATION:

Submit QACD-102 and any supporting documentation by the following method:

E-mail: Send via electronic mail to FGISQACD@usda.gov.

For further information contact:

Federal Grain Inspection Service
Quality Assurance & Compliance Division
1400 Independence Avenue, SW, Room
2043-S Washington, DC 20250

Email: FGISQACD@usda.gov

AMS website: <https://www.ams.usda.gov/>