



## **CONTRACTOR CHECKLOADING PROGRAM REGISTRATION FORM**

(Reference QAD 623 Contractor Checkloading Surveillance (Registration))

*By completing and submitting this form to the QAD Supervisor, the contractor is expressing their interest in utilizing contractor checkloading as the shipping method for USDA donated commodity. The contractor acknowledges that they will be visited once quarterly for a surveillance verification check.*

<b>Name of Shipping Point and Establishment Number:</b>			
<b>Company Address (Street, City, State, Zip):</b>			
<b>Contact Name:</b>		<b>Title:</b>	
<b>Phone #:</b>		<b>Email:</b>	
<b>Has this shipping point used Contractor Checkloading in the past?    Yes    No</b>			
<b>Name of Contractor and Establishment Number(s):    (Check box if same as Shipping Point)</b>			
<b>Contractor Company Address (Street, City, State, Zip):</b>			
<b>Contact Name:</b>		<b>Title:</b>	
<b>Phone #:</b>		<b>Email:</b>	
<b>Commodity Specification Products to be Shipped:</b>			
Chicken	Turkey	Egg Products	Livestock
<b>Remarks:</b>			
<b>QAD Supervisor (Print)</b>		<b>QAD Supervisor (signature)</b>	
<b>Date</b>			