



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:
BILLING ADDRESS (IF DIFFERENT THAN STREET ADDRESS):	CITY:	STATE:	ZIP:
DOING BUSINESS AS (Use this section if certificate recipient is different to the person above):			
PHONE:	FAX:		
EMAIL:	TAX ID NUMBER (REQUIRED):		
<input type="checkbox"/> SCENARIO A: AN APPLICANT THAT IS NOT LISTED IN THE FEIRS/BIIS GLOBAL LIST OF APPLICANTS. <input type="checkbox"/> SCENARIO B: AN APPLICANT THAT IS LISTED IN THE GLOBAL FEIRS/BIIS DATABASE, BUT DOES NOT HAVE AN ACCOUNT NUMBER FOR THE LOCAL OFFICE.			
APPLICANT WILL BE A:	DATE SENT TO SERVICE CENTER OR BILLING STAFF:		
<input type="checkbox"/> BILLING <input type="checkbox"/> 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/BIIS & FMMI:	
DATE ORIGINATING OFFICE NOTIFIED APP. IS IN FEIRS/BIIS & FMMI:	