

**UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS**

RECORDS DESTRUCTION FORM
(One form per schedule)

CERTIFICATION

NOTE: Records that are in an active Litigation Hold and/or FOIA request that is initiated before the expiration of the disposition authority period, may not be destroyed until Program has been notified by the authorizing official that the Hold and/or FOIA is no longer in place.

I certify that these are WORKING RECORDS that are no longer needed by the office.

I certify that these are OFFICIAL RECORDS that are past the retention period specified by the Records Retention Schedule and that all audits and administrative requirements have been satisfied.

1. OFFICE NAME AND ADDRESS		2. EMPLOYEE NAME AND PHONE NUMBER		
3. NUMBER OF BOXES	4. MEDIA FORMAT <i>(e.g., paper, electronic, cd)</i>	5. PII YES NO	6. CUI YES NO	7. SCHEDULE DESCRIPTION <i>(e.g. travel)</i>
8. DISPOSITION SCHEDULE NUMBER	9. DISPOSITION AUTHORITY NUMBER	10. DISPOSITION DATE <i>(MM-DD-YYY)</i>	11. INCLUSIVE DATES <i>(e.g., 10/01/2016-09/30/2017)</i>	
12. SPECIFIC/UNIQUE DESCRIPTION INFORMATION OF PROPOSED BOXES/FILES FOR DESTRUCTION				

DESTRUCTION PROCESS

13. DESTRUCTION METHOD SHREDDING DISCARD OTHER <i>(identify)</i>	14A. DESTRUCTION APPROVED YES NO	14B. IF NO, REASON FOR DISAPPROVAL
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REQUIRED APPROVALS

15A. PROGRAM CONTACT/CUSTODIAN NAME <i>(print)</i>	15B. PROGRAM CONTACT/CUSTODIAN SIGNATURE	15C. DATE <i>(MM-DD-YYYY)</i>
16A. PROGRAM SUPERVISOR NAME <i>(print)</i>	16B. PROGRAM SUPERVISOR SIGNATURE	16C. DATE <i>(MM-DD-YYYY)</i>
17A. PROGRAM RECORDS LIASION NAME <i>(print)</i>	17B. PROGRAM RECORDS LIASION SIGNATURE	17C. DATE <i>(MM-DD-YYYY)</i>
18A. NAME OF DESTRUCTION WITNESS <i>(print)</i>	18B. SIGNATURE OF DESTRUCTION WITNESS	18C. DESTRUCTION DATE <i>(MM-DD-YYYY)</i>
19A. NAME OF AGENCY RECORDS OFFICER	19B. SIGNATURE OF AGENCY RECORDS OFFICER	19C. DATE <i>(MM-DD-YYYY)</i>

20. COMMENT(S) ABOUT DESTRUCTION