UNITED STATES DEPARTMENT OF AGRICULTURE MARKETING AND REGULATORY PROGRAMS

REQUEST FOR ISSUANCE CANCELLATION FORM

SANGE ELATION I ONW			
1. ISSUANCE APPLIES TO:	2. ISSUANCE TYPE:	3. ISSUANCE NUMBER	4. ISSUANCE EDITION DATE:
☐ APHIS	☐ Administrative Notice		
☐ AMS	☐ Directive		
☐ MRP (APHIS and AMS)	☐ Handbook/Manual/Guide		
5. ISSUANCE TITLE:	<u> </u>		<u> </u>
0. 1000/11102 11122.			
6. JUSTIFICATION FOR CANCELL	LATION (required):		
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7. OTHER REMARKS (optional):			
The signatures below authorize the	a cancellation of the issuance identific	ed in hoves 1.5. Signatures in blocks 8.	10 and 12 below are to be filled out by
The signatures below authorize the the Originating Program/Office	e cancellation of the issuance identifie	ed in boxes 1-5. Signatures in blocks 8,	10, and 12 below are to be filled out by
the Originating Program/Office.			
the Originating Program/Office.	cancellation of the issuance identific		10, and 12 below are to be filled out by 9. DATE:
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