

UNITED STATES DEPARTMENT OF AGRICULTURE
MARKETING AND REGULATORY PROGRAMS

**REQUEST FOR ISSUANCE
CANCELLATION FORM**

1. ISSUANCE APPLIES TO:

- APHIS
 AMS
 MRP (*APHIS and AMS*)

2. ISSUANCE TYPE:

- Administrative Notice
 Directive
 Handbook/Manual/Guide

3. ISSUANCE NUMBER

4. ISSUANCE EDITION DATE:

5. ISSUANCE TITLE:

6. JUSTIFICATION FOR CANCELLATION (*required*):

7. OTHER REMARKS (*optional*):

The signatures below authorize the cancellation of the issuance identified in boxes 1-5. Signatures in blocks 8, 10, and 12 below are to be filled out by the Originating Program/Office.

8. ISSUANCE ORIGINATOR/SUBJECT MATTER EXPERT SIGNATURE:

9. DATE:

10. DOCUMENT MANAGER SIGNATURE:

11. DATE:

12. PROGRAM/DIVISION DIRECTOR OR CLEARANCE OFFICIAL SIGNATURE:

13. DATE:

FOR INFORMATION MANAGEMENT BRANCH ONLY

14. LABOR RELATIONS SIGNATURE:

15. DATE

16. INFORMATION MANAGEMENT BRANCH SIGNATURE:

17. DATE: