



Nevada Department of Agriculture
Food and Nutrition Division
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DoD Fresh Produce Request Form

Please complete this form and return to our office, if you are requesting to use any USDA entitlement for DoD Fresh Produce for SY16-17. Thank you.

District: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Authorized Agent: _____

Requested amount of USDA Entitlement
For DoD Fresh Produce: \$ _____

Requested Delivery Location: _____

Authorized Signature: _____ Date: _____

NDA Use Only

Approved by (*print name and title*): _____

Signature: _____ Date: _____