



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 SY17-18. 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: \_\_\_\_\_