



Request for Inspection of Shed Management

Classer/Grader Registration No.:

Completed and sent prior to shearing (10 days)
Owner Classer / Shed (P Registration) / Grade (Q Registration)
Circle which applies

Applicant's Name

Address

.....

.....

Phone No

E-mail

Grower's Name

Farm Brand

Farm Address

.....

.....

Location of Shearing Shed:
(Please give adequate details to enable its location to be found by Inspector)

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Commencement of Shearing: Duration
(Please give ten (10) clear days' notice)

Applicants signature

Date