



**GUYANA RICE DEVELOPMENT BOARD  
QUALITY CONTROL DEPARTMENT  
REQUEST FOR QUALITY CONTROL SERVICE**



**INSTRUCTIONS: TO BE SUBMITTED TWENTY FOUR (24) HOURS BEFORE REQUESTED SERVICE**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date: DD/MM/YY

PARTICULARS OF REQUEST	
NAME	
COMPANY	
ADDRESS	
PHONE/FAX	
DESCRIPTION OF LABORATORY SERVICE	

**TYPE OF QUALITY CONTROL SERVICE**

GRADING ☐ INSPECTION ☐ FUMIGATION ☐ LOADING ☐ De-GAS ☐

LOCATION WHERE QUALITY SERVICE (S) IS/ARE REQUIRED	
TYPE OF COMMODITY/CONTRACT OR CONSIGNEE/TYPE OF PACKAGE (SPECIFY)	
DATE REQUESTED FOR SERVICE	
TIME REQUESTED FOR SERVICE	
REMARKS	

.....  
Signature of Applicant

.....  
GRDB Officer (receiving request)

Date:..... (DD/MM/YY)

OFFICIAL USE ONLY	
Approval has been granted for the assigned staff to perform Quality Control Services for the aforesaid applicant	GRDB Officer Assigned: _____
..... Supervisor	Time & Date Officer Assigned: _____

Office Contact Number: 220-4732 (GRDB)  
GRDB103R6F5