



## Official sample reinspection request

-	sts mus	st be su		5 calendar days of o		•	spection data thro	ough the I-70 computer program.	
Name:						Company:			
Phone number:						Fax number:			
Type of request		Shipper request Terminal elevator red			reque	uest Transfer elevator request			
		Email all requests to: cgcreinspection@grainscanada.gc.ca							
Official inspection information									
Level of reinspection Regional Review Chief Inspector's Revie						w 🗌 G	Grain Appeals Tribu	nal (Check all required)	
Car prefix and number	Certif num (If appl	ber	Date of unload	Terminal of unload	Shipping station	Official grade	Type of reinspection (Check all required) (REX is grade – REM is dockage – Retest is moisture)		
								REX REM Retest Protein	
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I-70A 2005-08