



**U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE**

**APPLICATION FOR
INTERSTATE/INTRASTATE
COMMERCE INSPECTOR'S
LICENSE^{1/}**

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NOTE: Applicants for this License must have at least 36 months of fresh fruit and vegetable grading experience as a USDA Licensee.

| | | |
|--|--|---------------------------------|
| 1. NAME (Last, First, Middle) | 2. SOCIAL SECURITY NUMBER | 3. BIRTHDATE (Month, Day, Year) |
| 4. MAILING ADDRESS (City, State, Zip) | 5. CURRENT DUTY STATION (City, State, Zip) | |
| 6. IMMEDIATE SUPERVISOR'S NAME (Last, First, Middle) | 7. TELEPHONE NUMBER | |

8. LIST ALL STATES IN WHICH YOU HAVE BEEN LICENSED AND SHOW THE TOTAL NUMBER OF MONTHS YOU WERE LICENSED BY THAT STATE:

| STATE(S) | MONTHS | STATE(S) | MONTHS | STATE(S) | MONTHS | STATE(S) | MONTHS | STATE(S) | MONTHS | STATE(S) | MONTHS |
|----------|--------|----------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

9. LIST ALL PREVIOUS EMPLOYERS FOR THE PAST FIVE YEARS (If additional space is required, use back of this form:

| EMPLOYER'S NAME | EMPLOYER'S ADDRESS (City, State, Zip) | DATE BEGAN | DATE ENDED |
|-----------------|---------------------------------------|------------|------------|
| | | | |
| | | | |

10. DID YOU GRADUATE FROM HIGH SCHOOL (if you have a GED, answer yes)? YES NO

11. IF NOT, WHAT IS THE HIGHEST GRADE THAT YOU COMPLETED? _____

12. HAVE YOU ATTENDED COLLEGE (if yes, list below all colleges attended, use back if needed)? YES NO

| NAME OF COLLEGE | COLLEGE ADDRESS (City and State) | TYPE OF DEGREE OR TOTAL SEMESTER HOURS |
|-----------------|----------------------------------|--|
| | | |
| | | |

13. LIST CHIEF UNDERGRADUATE SUBJECTS: _____

14. APPLICANTS SIGNATURE _____ DATE _____

By signing above, I agree to abide by all Federal instructions governing the inspection of fruits and vegetables, whether given to me in writing (handbooks, memorandums, etc.) or orally by the Federal Program Manager/Supervisor. I also agree to surrender my license card when so requested by the Federal Supervising Inspector or upon termination of my employment with my current employer.

THE FOLLOWING TO BE COMPLETED BY APPROVING OFFICIALS ONLY

| | |
|---|-------------------------|
| FEDERAL PROGRAM MANAGER / SUPERVISOR'S SIGNATURE | DATE RECOMMENDED |
| <p>CHECK ONE Unrestricted License Other (Specify) _____</p> <p> Restricted License – to what commodities? _____</p> | |

The state concurs in the need for an unrestricted license and agrees to send the applicant to a Federal Market Training class within two years from date of approval and to provide other training as deemed necessary by the USDA Fresh Products Branch Chief.

STATE MANAGER'S SIGNATURE: _____ **DATE:** _____

REGIONAL DIRECTOR'S SIGNATURE: _____ **DATE APPROVED:** _____

Concurrence Disapproval BRANCH CHIEF'S SIGNATURE: _____ **DATE:** _____