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| U.S. DEPARTMENT OF AGRICULTUREAGRICULTURAL MARKETING SERVICE**APPLICATION FOR LICENSE TO SAMPLE PROCESSED FOODS** | *According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0234. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.* *The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual’s income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.*  |
| **APPLICATION:**  In accordance with the Regulations Governing Inspection and Certification of Processed Fruits and Vegetables and Related Products(7 CFR 52), I hereby apply for a license to sample processed products and to certify with respect to the identification, location, kind, and condition of the containers in the lots of such processed products drawn by me for applicants desiring inspection service under the cited regulations. |
| NAME AND ADDRESS (Include City, State, and ZIP)MR.       MS.        MRS.     E-mail Address: | SOCIAL SECURITY NUMBER |
| **PRESENT AND PREVIOUS EMPLOYERS, PAST 10 YEARS:** |
| INCLUSIVE DATES | NAME AND ADDRESS OF EMPLOYER | OCCUPATION OR DUTIES |
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| **PRIVACY ACT STATEMENT:**  The following declaration is made pursuant to Public Law 93-579 (Privacy Act of 1974), Solicitation of Personal Information.  Statutory authority to collect personal information is contained in provisions of Executive Order 9397, dated November 22, 1943.  Submission of information is voluntary and there is no penalty for failure to provide requested information.  If, however, information is not provided, we will not be able to process your application.  Disclosure of your Social Security number is needed to obtain the services, benefits or processes that you are seeking.  The principle purpose for the collection of this data is personnel and payroll management of AMS programs.  The routine use of the information is referral to States and Federal Agencies for verification of employment and length of service for retirement purposes, and to the Department of Justice to process violations of law, whether civil, criminal, or regulatory in nature. |
| **CERTIFICATION:**   This is to certify that I agree, as a condition to the granting of the license applied for, to faithfully comply with all terms and conditions of the Regulations cited above with respect to the duties of a licensed sampler of the U.S. Department of Agriculture (USDA).  I will not as a licensed sampler, draw samples from any lot of processed products to which I or my employer is an interested party.  If my license is suspended or revoked, I will immediately surrender it to an appropriate USDA official.  The statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. |
| SIGNATURE | DATE SIGNED |
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 **FV-468 (09-10)       *(Previous editions are to be destroyed)***