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U.S. DEPARTMENT OF AGRICULTURE  
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**APPLICATION FOR LICENSE  
TO SAMPLE PROCESSED  
FOODS**

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**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)

SOCIAL SECURITY NUMBER

MR.   
MS.   
MRS.

E-mail Address:

**PRESENT AND PREVIOUS EMPLOYERS, PAST 10 YEARS:**

| INCLUSIVE DATES | NAME AND ADDRESS OF EMPLOYER | OCCUPATION OR DUTIES |
|-----------------|------------------------------|----------------------|
| FROM            |                              |                      |
| TO PRESENT      |                              |                      |
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| TO PRESENT      |                              |                      |

**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