

U.S. DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE



**APPLICATION FOR  
INTERSTATE/INTRASTATE  
COMMERCE INSPECTOR'S  
LICENSE <sup>1/</sup>**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0125. The time required to complete this information collection is estimated to average 30 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.

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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

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. APPLICANT'S SIGNATURE	DATE
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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 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 SUPERVISOR'S SIGNATURE	DATE RECOMMENDED
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CHECK ONE:  Unrestricted License  Other (specify) \_\_\_\_\_  
 Restricted License -- to what commodities? \_\_\_\_\_

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: \_\_\_\_\_