

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 0580-0013. The time required to complete this information collection is estimated to average 2 hours per response and 1 minute of recordkeeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This application must be completed and approved before an individual or government agency may be considered for designation to perform official functions under the U.S. Grain Standards Act as amended (7 U.S.C. 79).

**APPLICATION FOR DESIGNATION**  
 TO PERFORM OFFICIAL FUNCTIONS UNDER THE U.S. GRAIN STANDARDS ACT AS AMENDED

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|--|--|-------------------|
| 1. Name of Applicant (Exact name of private firm or state organization): |  |                   |
| 2. Area (identify the geographic area for which you are applying):       | 3. Scope of Services<br>Official Inspection                  Official Weighing |                   |
| 4a. Business location:   | 4b. Business mailing address (if different from 4a):                           |                   |
| 5. Telephone number:   | 6. Fax number:   | 7. Email address: |

A separate list may be furnished for the following information

8. Identify below the type of organization; and ownership, if a private agency.

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|---|
| State Organization – List names and titles of all officials (i.e., Commissioner, Director, Division or Bureau Chief, Official Agency Manager). An organizational chart of the state bureau or department conducting inspection/weighing program should also be submitted. |
| Corporation – List names of stockholders and percent of ownership of each. List names of officers and directors.  |
| Partnership – List name of partners and percentage of ownership of each partner.  |
| Sole Proprietorship – List name of owner.   |
| Other – Identify type and list ownership. List trustees, if any.  |

9. Furnish a list of names and mailing addresses (including zip code) of facilities requesting service.

10. Furnish the full address and location of each specified service point, whether it its full-time or applicant-specific, and inspection, weighing, or both.

11. Furnish a list of all non-licensed personnel, including the title of each person. A completed Conflict-of-Interest Questionnaire (Form FGIS – 100) must be submitted for each non-licensed person listed.

|  |  |
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| 12a. Name and title of Responsible Official: | 12b. Name and title of manager or person responsible for the supervision and management of the grain program. (if different from 12a.) |
| 13. Signature of Responsible Official        | 14. Date   |

## **INSTRUCTIONS FOR COMPLETING FORM FGIS - 942 –APPLICATION FOR DESIGNATION**

Please type application or print carefully. Additional sheets may be used for any item, if necessary.

- (1) Provide the name of the individual, corporation, or state or local governmental agency applying for designation.
- (2) Describe the geographic area for which you are applying. If applying for part of an available area for designation, include boundaries, such as state or county lines, and roads.
- (3) Check **official inspection**, **official weighing**, or both.
- (4a) Provide the applicant's address, using a street location.
- (4b) Provide the applicant's mailing address, if different from 4a.
- (5) Provide the applicant's telephone number.
- (6) Provide the applicant's telefax.
- (7) Provide the applicant's electronic mail address.
- (8) Check either "**State Organization**", "**Corporation**", "**Partnership**", "**Sole Proprietorship**," or "**Other**," and provide information requested in that box.
- (9) This may be customer billing labels or other attachment.
- (10) Supply the full address and location of each specified service point. Indicate for each laboratory if it is open full-time to all customers, or if it is an applicant specific laboratory for one customer. Indicate what type of facility; whether inspection or weighing, or both. Describe the types of services to be offered to customers at that location, i.e., inspection, official commercial, weighing.
- (11) List the persons (including their title) not licensed under the U. S. Grain Standards Act, and complete a Form FGIS –100 "Conflict of Interest Questionnaire" for each non-licensed person.
- (12a) Type the name and title of the person signing the application.
- (12b) Type the name and title of the person responsible for the supervision and management of the grain program, if different from 12a. Otherwise, leave blank.
- (13) The responsible official named in 12a must sign this block.
- (14) Provide date signed.

### **CONTACT INFORMATION:**

Submit applications by any of the following methods:

- Hand Delivery or Courier: Deliver to Chief, Review Branch, Compliance Division, GIPSA, USDA, Room 1647-S, 1400 Independence Avenue, SW., Washington, DC 20250
- Fax: Send by facsimile transmission to (202) 720-7786, attention: Review Branch
- E-mail: Send via electronic mail to [Samantha.J.Simon@usda.gov](mailto:Samantha.J.Simon@usda.gov)
- Mail: Send to Director, Quality Assurance & Compliance Division, GIPSA, USDA, STOP 3604, 1400 Independence Avenue, SW., Washington, DC 20250-3604.

#### **For further information contact:**

Director  
Quality Assurance & Compliance Division  
1400 Independence Avenue, SW, Room 2420  
Washington, DC 20250  
**Telephone:** (202) 690-3206  
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**GIPSA website:** <http://www.gipsa.usda.gov>