

**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 respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0125. The time required to complete this information collection is estimated 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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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

7. 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

8. 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

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

10. IF NOT, WHAT IS THE HIGHEST GRADE THAT YOU COMPLETED? \_\_\_\_\_

11. 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

12. LIST CHIEF UNDERGRADUATE SUBJECTS

13. 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 (Inspection Instruction, Administration, Inspection or Management (AIM) documents, 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
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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 Market Inspector Training class within two years from date of approval and to provide other training as deemed necessary by the USDA Director of the Specialty Crops Inspection Division.

STATE MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Concurrence  Disapproval BRANCH CHIEF'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_