U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE

APPLICATION FOR INTERSTATE/INTRASTATE COMMERCE INSPECTOR'S LICENSE[1/]

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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. 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 (handbooks, memorandums, 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**

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:** _____

1/ As defined in the Manual for Federal and Federal-State Shipping Point Supervisors, October 1992, and other Branch Directives, FPB-02 (01-94)