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NAME	(Last name first)	AND	HOME	ADDRESS (Include ZIP Code)	SOCIAL SECURITY NO.		Approved OMB No. 0581-0125 MARRIED		
					DATE OF BIRTH	WEIGH	I IT	HEIGHT	
- FR.110	ATION BY			. 6.5. 6 6 1	2011 525	LIOT D		ONEEDDED	
EDUCATION: Did you graduate from high school, or will you graduate within the next 9 months?					COLLEGE YEARS COMPLETED	LIST DEGREES CONFERRED			
YES	MONTH/YEAR		NO	HIGHEST GRADE COMPLETED					
TRAIN	NING AND TYPE C)F EXI	PERIEN	ICE Last 5 YEARS (List names of fire	ns or persons and le	ngth of ti	me in their	employment:	
Statutory authority to collect personal information is contained in the Agricultural Marketing Act of 1946 (7 U.S.C. 1621-1627). Submission of information is voluntary and there is no penalty for failure to provide requested information: however, if you are to be considered as an applicant, information must be submitted to determine eligibility. Disclosure of your									
Social Security No. is mandatory under Executive Order 9397 of Nov. 22, 1943, to obtain the services, benefits, or processes that you are seeking. The principal purpose for the collection of this data is personal and payroll management of AMS programs. The information above is used by State and Federal Agencies for verification of employment or length of service for retirement purposes, and sent to the Department of Justice to process violations of law, whether civil, criminal, or regulatory in nature.									
returement purposes, and sent to the Department of Justice to process violations or law, whether civil, criminal, or regulatory in nature. 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 to average 6									
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. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion,									
age, dis with dis	age, disability, sexual orientation, marital or family status, political beliefs, parental status, or protected genetic information. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information, (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600								
				tion, write USDA, Director, Office of Civil Rights, R USDA is an equal opportunity provider and employ		, 14 th and Inc	lependence Av	e., SW, Washington, DC	
FV-292 (10/30) LICENSEE'S APPLICATION					TION USDA-AMS				
	(Destroy previous editions)				(Federal-State Inspection Service)			CODA AIIIO	
As a	licensee of the	Unite	ed Stat	es Department of Agriculture, <u>I</u>	agree to the follow	ving:			
$\bullet T_0$	ahide hy all Fed	deral	inetru	ctions governing the inspection	of fruits and vege	tables n	whether o	iven to me in	
				orandums, written instructions,					
	spector to who				1 55		1	8	
				ne interpretation of					
ine 1	euciai supeivis	ing i	nspec	tor or other authorized represen	tatives of the Agric	сининан	Maikeiii	g service.	
• To	o make clear an	d acc	curate .	inspection notes, including scor	ring of grade defec	ts and o	ther men	norandums, of	
				shall be directed by the Federa					
• <i>Ta</i>	o prepare my ce	rtific	ates fr	om such notes strictly in accord	lance with Federal	instruc	tions.		
. 20	. propine my ce			som nove omeny m necolu					
				d when so requested by the Fede					
				ate of issue), either in person or					
	cultural Marketi 0240, Washingt			U.S. Department of Agriculture	e, 1400 Independer	nce Ave.	, S. W., R	oom 1661 -S ;	
	0240, Wasningi			DATE:	Т,	ICNATUR	OF LICENS		