



DELAWARE DEPARTMENT OF AGRICULTURE
 PLANT INDUSTRIES SECTION
 2320 S. DUPONT HIGHWAY
 DOVER, DELAWARE 19901-5515
 Phone: (302) 698-4577 (800) 282-8685

GRAIN INSPECTORS -- RENEWAL APPLICATION

Applicant: _____

Address: _____

City/State/Zip _____

Business: _____

Address: _____

City/State/Zip _____

CURRENT LICENSE NO. _____ Expiring: _____

GRAIN INSPECTED: (Check Box)

CORN: SOYBEANS:
 BARLEY: WHEAT:
 SORGHUM: OTHER: _____

MOISTURE DEVICE: (Check Box)

GAC 2500: GAC 2000:
 GAC 2100: GAC 2100b:
 Other: _____

TRAINING: List all you have completed.

Other license:

Weighmasters No.: _____ Expiration date: _____

Warehouse license: _____ Expiration date: _____

A \$10.00 fee for two (2) years must accompany application for grain inspectors. All license must be returned to the Delaware Department of Agriculture within 30 days of termination of employment.

I agree to comply with all the requirements of the Grain Inspection Rules and Regulations.

 Signature of Applicant Date

PAYMENT: CHECK: Amount \$ _____ CHECK NO: _____
 Please Make Check Payable To: Delaware Department of Agriculture Seed Laboratory

Charge to my Credit Card: Amount \$ _____ VISA MASTER CARD DISCOVER/NOVUS

Card Number: _____ Exp Date: ____/____/____ 3-Digit Code: _____

Billing Name: _____ Telephone No.: _____

Billing Address: _____ City/State/Zip: _____

Authorization Signature: _____ Date: _____

OFFICE USE ONLY

PAYMENT	CASH	CHECK NO	CREDIT	INVOICE NO	POSTED