



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

**GRAIN INSPECTORS -- APPLICATION**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Length of Employment with this firm: \_\_\_\_\_ Experience with equipment: \_\_\_\_\_

KIND OF GRAIN TO INSPECT:	GRADE FACTORS
(check box )	(circle)
CORN: <input type="checkbox"/>	Moisture TW BCFM TD other _____
SOYBEANS: <input type="checkbox"/>	Moisture TW FM TD other _____
BARLEY: <input type="checkbox"/>	Moisture TW DKG GAR TD FM SKBN other _____
WHEAT: <input type="checkbox"/>	Moisture TW DKG GAR TD FM THIN other _____
SORGHUM: <input type="checkbox"/>	Moisture TW DKG other _____

MOISTURE DEVICE: MOTOMCO 919 -- GAC 2000 -- GAC 2100 -- OTHER: \_\_\_\_\_

Secure the endorsement of three persons to the following certifications;  
 The undersigned is acquainted with the applicant and hereby certifies him/her to be of good moral charter.

<u>Signature</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

A \$10.00 fee for two (2) years must accompany application for grain inspectors. All licenses 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