



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: _____

TYPE OF GRAIN:
(check box)

GRADE FACTORS
(check box)

CORN: Moisture TW BCFM TD other _____
 SOYBEANS: Moisture TW FM TD other _____
 BARLEY: Moisture TW DKG GAR TD FM SKBN other _____
 WHEAT: Moisture TW DKG GAR TD FM THIN other _____
 SORGHUM: Moisture TW DKG other _____

MOISTURE DEVICE: GAC 2500 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