

U.S DEPARTMENT OF AGRICULTURE FEDERAL GRAIN INSPECTION SERVICE		Form Approved OMB No. 0580-0013. 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 0580-0013. The time required to complete this information collection is estimated to average 8 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.	
APPLICATION FOR LICENSE UNDER THE UNITED STATES GRAIN STANDARDS ACT (USGSA) AND/OR THE AGRICULTURE MARKETING ACT (AMA) OF 1946			
INSTRUCTIONS: This application must be completed in English, be typewritten or printed in ink and forwarded to the local FGIS office.			
1. APPLICANT'S NAME		2. BIRTHDATE (mm/dd/yyyy)	
3. APPLICANT'S COMPLETE HOME MAILING ADDRESS (Including Zip Code)		4. NAME OF EMPLOYING AGENCY	5. SERVICE POINT WHERE APPLICANT WILL BE STATIONED
6. SUPERVISING FIELD OFFICE	7. TYPE OF LICENSE FOR WHICH YOU ARE APPLYING USGSA AMA	8. HAVE YOU EVER BEEN LICENSED BY FGIS TO PERFORM USGSA/AMA FUNCTIONS? Yes No	
9. LICENSE FOR WHICH YOU ARE APPLYING:			
WAREHOUSEMAN SAMPLER	SAMPLER	CONTRACT SAMPLER - (AMA)	
TECHNICIAN	WEIGHER	INSPECTOR	
10. CONFLICT OF INTEREST QUESTIONAIRE			
<u>USGSA License</u>			
Do you, your spouse, your minor children, or any blood relative immediately residing in your household, serve as an officer director, committee member, or employee of any business entity owning or operating any grain elevator or warehouse, or engage in the merchandising, storage, commercial transportation, or other commercial handling of grain? Yes No			
Do you, your spouse, your minor children, or any blood relative immediately residing in your household, have stock or other financial interest, directly, or indirectly, in any grainelevator or warehouse, or any other business entity involved in the merchandising, storage, commercial transportation, or other commercial handling of grain? Yes No			
Do you know of any other matters, family relationships, or other personal relationships, which might give rise to an apparent or possible conflict of interest involving your present employment and any business entity described above? Yes No			
<u>AMA License</u>			
Are you, your spouse, or relatives residing in your household employed by, or receiving a financial consideration from a company that merchandises, handles, stores, or processes agricultural commodities that you would be licensed to sample or inspect? Yes No			
Do you, your spouse, or relatives residing in your household have a financial interest in a company that merchandises, handles, stores, or processes agricultural commodities that you would be licensed to sample or inspect? Yes No			
Do you, your spouse, or relatives residing in your household have a financial interest in any of the raw materials or companies providing the raw materials from which the commodities that you would be licensed to sample or inspect are manufactured? Yes No			
Certification: Knowing that false or fraudulent statements to an Agency of the United States Government are subject to penalty (a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both), (18 U.S.C. 1001). I declare that the foregoing statements are true to the best of my knowledge and belief. Further, as a condition to the granting of this license, I agree to comply and abide by the terms of the USGSA, regulations and the AMA, regulations, thereunder and instructions prescribed by FGIS. I further understand that the license issued to me will terminate 3 years from the date of issuance, unless renewed and that upon resignation or dismissal, my license will be suspended for 1 year or its termination date.			
11. SIGNATURE OF APPLICANT		12. DATE (mm/dd/yyyy)	
13. NAME and/or SIGNATURE AGENCY MANAGER		14. TITLE	15. DATE (mm/dd/yyyy)
USDA USE ONLY			
16. Action APPROVED DISMISSED	17. NAME and/or SIGNATURE (FIELD OFFICE)		18. DATE (mm/dd/yyyy)
The following declaration is made pursuant to Public Law 93-579 (Privacy Act of 1974), solicitation of personal information. FGIS program Systems of Records includes History Records for Licensed Nonfederal Employees. Statutory authority to collect personal information is contained in 7 U.S.C. et seq. Pursuant to Executive Order 9397 of November 22, 1943, disclosure of your social security number is necessary to provide requested information. The principal purpose for the collection of this data is the enforcement of the United Grain Standards Act and the Agriculture Marketing Act of 1943. The routine use of this information is to evaluate acceptability of applicant and to evaluate/resolve possible conflicts of interest. The information may be referred to states or other federal agencies for purposes relating to verification of employment or required records or reports. Information also may be referred to the Department of Justice or to other investigative and law enforcement agencies for investigation, prosecution and/or administrative action resulting from violation of law, rule, regulation, instruction, or order, or to a Congressional Office in response to a constituent's request for release of his/her record.			
FORM FGIS-944 (01/18) Previous editions are obsolete. Expires January 2021			

Instructions for Completing FGIS-944

Official Agencies

Complete sections 1 - 15 on the Application with the following information:

1. **APPLICANT'S NAME.** The complete name of applicant for license.
2. **BIRTHDATE.** The date of birth of the applicant (Month, Day, Year).
3. **ADDRESS.** The applicant's complete home mailing address, including zip code.
4. **OFFICIAL AGENCY.** The name of the employing official agency.
5. **SERVICE POINT.** The service point location where the applicant will be stationed.
6. **SUPERVISING FIELD OFFICE.** The FGIS field office that will supervise the applicant.
7. **TYPE OF LICENSE.** Place an "X" in the applicable box to indicate the type of license the applicant is applying for.
8. **PREVIOUS LICENSE.** Place an "X" in the applicable box to indicate whether the applicant has previously been licensed by FGIS.
9. **LICENSE FOR APPLYING.** Place an "X" in the applicable box to indicate the type of license for which the applicant is applying.
10. **CONFLICT OF INTREST.** The applicant must answer the appropriate USGSA/AMA questions by placing a check in the appropriate boxes.
11. **SIGNATURE OF APPLICANT.** The applicant's signature.
12. **DATE.** The date the applicant signs the application.
13. **NAME AND/OR SIGNATURE OF AGENCY MANAGER.** The printed name and/or signature of the employing Official Agency Manager, or their designee.
14. **TITLE.** The title of the approving official signing in block 13.
15. **DATE.** The date the application was signed by the Agency Manager or designee.

Field Offices

Review the application, complete the section on the form reserved for FGIS use only. Complete sections 16 – 18 on the Application with the following information:

16. **ACTION TO BE TAKEN.** Place an “X” in the appropriate box.
17. **NAME AND/OR SIGNATURE OF FIELD OFFICE MANAGER.** The printed name and/or signature of the supervising Field Office Manager, or their designee.
18. **DATE.** The date the application was signed by the field office official.

Filing and Distribution Instructions

Official agencies

1. Forward the original copy of the completed application to the supervising Field Office for review. Retain a copy of the application (until the Field Office completes and returns the application) for official agency records.
2. After the Field Office reviews, completes, and returns the application, file a copy of the completed application in the employee’s licensing file.

Field Offices

1. Retain the original copy of the completed form in the applicant’s licensing file.
2. Send a copy of the completed application to the Official Agency for their records.

If assistance is needed to complete this information please contact:

Athony Goodeman, Acting Director
Field Management Division

Anthony.T.Goodeman@ams.usda.gov

Return form to the local [FGIS office](#).