NOAA FORM 89-859
(08-09)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
NATIONAL MARINE FISHERIES SERVICE

LISCENSE APPLICATION

INSTRUCTIONS: *Complete this application in triplicate; fill it out in English in your own hardwriting; be sure to sign it. Retain 1 copy .*

TYPE OF LISCENSE REQUESTED (In accordance with the regulations governing processed fishery products, 50 CPR Part 260.

FISHERY PRODUCTS: GRADER ☐ SAMPLER ☐ INSPECTOR ☐

Clip 1" x 1-1/4" I.D. size photo here.

APPLICANT'S NAME (First, middle initial(s), last)
Mr.
Mrs.
Ms.

HOME PHONE

HOME ADDRESS (No., street, city, state, & Zip code)

BUSINESS ADDRESS (No., street, city, state, & Zip code)

DO YOU OWN ANY PART OF A BUSINESS ASSOCIATED WITH THE FISHING INDUSTRY? ☐YES ☐NO

ARE YOU A UNITED STATES CITIZEN? ☐YES ☐NO

DATE OF BIRTH

HAVE YOU BEEN PREVIOUSLY LICENSED BY THE U.S. DEPARTMENT OF AGRICULTURE OR THE U.S. DEPARTMENT OF COMMERCE? (If yes, give year of license and functions you were or are licensed to perform.)
☐YES
☐NO

HEIGHT

WEIGHT

FOR USE BY USDC

STATUS	FIRM NAME AND LOCATION (Include city and state)	IMMEDIATE SUPERVISOR	LICENSE CARD NO.	EFFECTIVE DATE OF LICENSE	DATE TRANSMITTED TO SUPERVISOR	DATE TRANSMITTED TO LICENSE

REMARKS

I have examined, and hereby recommend applicant for the license requested.

REGIONAL BRANCH CHIEF OR SUPERVISOR *(Signature)*

DATE

EXPERIENCE: Complete the following section(s) to cover the last 10 years, including periods of unemployment. Start with your PRESENT position and work back. Use a separate section for each new position, even within the same company. If additional space is required, continue on separate sheets, in triplicate.

1

EMPLOYMENT DATES (Month, year)	EXACT POSITION TITLE	SALARY OR EARNINGS
FROM: TO PRESENT TIME		PRESENT $ PER

PLACE OF EMPLOYMENT (City, state)	NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person; if Federal, give department, bureau or service, and division	KIND OF BUSINESS OR ORGANIZATION (E.g. wholesaler of silk, insurance agency, manufacturer of locks, etc.)
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR WANTING TO LEAVE

COMPLETE DESCRIPTION OF YOUR WORK

2

EMPLOYMENT DATES (Month, year)	EXACT POSITION TITLE	SALARY OR EARNINGS
FROM: TO:		PRESENT $ PER

PLACE OF EMPLOYMENT (City, state)	NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person; if Federal, give department, bureau or service, and division	KIND OF BUSINESS OR ORGANIZATION (E.g. wholesaler of silk, insurance agency, manufacturer of locks, etc.)
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR WANTING TO LEAVE

COMPLETE DESCRIPTION OF YOUR WORK

3

EMPLOYMENT DATES (Month, year)	EXACT POSITION TITLE	SALARY OR EARNINGS
FROM: TO:		PRESENT $ PER

PLACE OF EMPLOYMENT (City, state)	NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person; if Federal, give department, bureau or service, and division	KIND OF BUSINESS OR ORGANIZATION (E.g. wholesaler of silk, insurance agency, manufacturer of locks, etc.)
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR WANTING TO LEAVE

COMPLETE DESCRIPTION OF YOUR WORK

If additional space is necessary, use plain white bond.

EDUCATION: Circle highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE OR OTHER INSTITUTION OF HIGHER LEARNING ATTENDED (Include vocational, business, and study courses.)

NAME OF SCHOOL	LOCATION (City, state)	YEAR(s) ATTENDED	SUBJECTS PURSUED WHICH ESPECIALLY QUALIFY YOU FOR LICENSE REQUESTED

SPECIALIZED TRAINING: *List any formal courses or instruction relating to food technology, quality control, or food inspection you have completed.*

REFERENCES: *List three persons in the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.*

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete address, including street and no.)	BUSINESS OR OCCUPATION

Indicate "YES" or "NO" answer by placing "X" in proper column	YES	NO
1. May inquiry be made of your present or former employers regarding your character, qualifications, etc.?.....		
2. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by law enforcement?.....		
If your answer is "Yes", give details in Item 8, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcement authority or type of court, and (5) action taken. You may omit: (1) traffic violations for which you pain a fine of $30 or less; (2) anything that happened before your 16th birthday. All other incidents must be included, though they were dismissed or you merely forfeited collateral.		
3. Have you ever been discharged (fired) for any reason?.....		
4. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?.....		
If your answer to 3 or 4 is "Yes", give details in Item 8. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with statements made under "Experience".		
5. Have you any physical handicap, chronic disease, or other disability?.....		
6. Have you ever had a nervous breakdown?.....		
7. Have you ever had tubercolosis?.....		
If your answer to 5, 6, or 7 is "Yes", give details in Item 8.		

Space for detailed answers to Items 1 through 7.

CERTIFICATION: This is to certify that I agree, as a condition to the granting of the license applied for, to faithfully carry out the duties assigned to me as a liscensee of the U.S. Department of Commerce; and I will, to the best of my ability, properly apply and abide by the standards, grades, and/or requirements for operation as set forth in applicable laws, regulations, and instructions. I hereby acknowledge reciept of a copy of the regulations applicable to the license applied for. If my license is suspended or revoked, I will immediately surrender it to an appropriate USDC official. I further certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief.

Check application before signing to ensure you have answered ALL questions correctly. Please sign in ink.

APPLICANT'S SIGNATURE	DATE