



In accordance with 2001 Public Act No. 266 or 267, as amended

Certified Industry Farm Inspector Application [] Grade A [] Mfg.

License Year Ending: _____ Status: [] New [] Renewal [] No Longer Needed
If Renewal, Unique ID or Registration No. of Establishment: _____

Individual Information

Name: _____
Address: _____
City: _____ State: _____
County: _____ Zip: _____
Phone:(____) _____ Fax:(____) _____
Email: _____
Mailing address if different from above: Street or P.O. Box: _____
City: _____ State: _____ Zip: _____

Blank Space
For Official Use Only

Training and Inspection Information List any formal or in service training; farm inspection, or related experience including number of years each. If necessary attach additional page(s).

Table with 10 empty rows for training and inspection information.

License Fee AOBJ: 0271

License fee is \$150.00 for 3 years. License expires on certification date. Fee not prorated.

Payment Method: Check/Money Order No. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

