



DELAWARE DEPARTMENT OF
AGRICULTURE

2320 SOUTH DuPONT HIGHWAY
DOVER, DELAWARE 19901
AGRICULTURE.DELAWARE.GOV

TELEPHONE: (302) 698-4500
TOLL FREE: (800) 282-8685
FAX: (302) 697-6287

GRAIN INSPECTOR INITIAL APPLICATION

To apply for a license, complete and sign the application, and enclose the payment fee of \$10.00 for a two-year license. Payment can be made by check to the Delaware Department of Agriculture or paid by credit card online at <https://agriculture.delaware.gov/plant-industries/>.

APPLICANT INFORMATION

Name: (Last, First, Middle)		
Email:		Phone:
Mailing Address (City/State/Zip):		
Business Name:		Phone:
Mailing Address (City/State/Zip):		
Length of Employment w/ Firm:		Equipment Experience:
<input type="checkbox"/> \$10 application fee to the Delaware Department of Agriculture enclosed.		

TYPE OF GRAIN (CHECK)	GRADE FACTORS (CHECK APPLICABLE BOXES)
<input type="checkbox"/> CORN	<input type="checkbox"/> Moisture <input type="checkbox"/> TW <input type="checkbox"/> BCFM <input type="checkbox"/> TD <input type="checkbox"/> Other
<input type="checkbox"/> SOYBEANS	<input type="checkbox"/> Moisture <input type="checkbox"/> TW <input type="checkbox"/> FM <input type="checkbox"/> TD <input type="checkbox"/> Other
<input type="checkbox"/> BARLEY	<input type="checkbox"/> Moisture <input type="checkbox"/> TW <input type="checkbox"/> DKG <input type="checkbox"/> GAR <input type="checkbox"/> TD <input type="checkbox"/> FM <input type="checkbox"/> SKBN <input type="checkbox"/> Other_____
<input type="checkbox"/> WHEAT	<input type="checkbox"/> Moisture <input type="checkbox"/> TW <input type="checkbox"/> DKG <input type="checkbox"/> GAR <input type="checkbox"/> TD <input type="checkbox"/> FM <input type="checkbox"/> THIN <input type="checkbox"/> Other_____
<input type="checkbox"/> SORGHUM	<input type="checkbox"/> Moisture <input type="checkbox"/> TW <input type="checkbox"/> DKG <input type="checkbox"/> Other_____

APPLICANT ENDORSEMENTS

Secure the endorsement of three persons to the above certifications. The undersigned is acquainted with the applicant and hereby certifies the applicant to be of good moral character.

Signature

Mailing Address (City/State/Zip)

PROGRAM ACKNOWLEDGMENTS

I, _____, hereby apply for a Delaware grain inspectors license. I agree to comply with all the requirements of the Delaware Grain Inspection Rules and Regulations under [3 Del. C. Ch. 16](#) and [3 Del. Admin Code 802](#). I acknowledge that all licenses must be returned to the Delaware Department of Agriculture within 30 days of employment termination.

Applicant's Signature: _____

Date: _____

PAYMENT

The biennial fee for a Delaware Grain Inspector License is \$10.00, payable to the Delaware Department of Agriculture.

CHECK / MONEY ORDER

Fee: \$10.00

Make Check or Money Order

Payable to:

**Delaware Department of Agriculture
Attn: Plant Industries Section
2320 S. DuPont Hwy, Dover, DE 19901**

CREDIT CARD

Payment can be made online at:

<https://agriculture.delaware.gov/plant-industries/>

Select "Grain Inspections" for the description.

Use your name for the Invoice Number.

Paid Online