



**SPECIALTY CROPS INSPECTION DIVISION  
INSPECTOR'S ASSISTANT AUTHORIZATION RECORD**

STATE/DISTRICT: \_\_\_\_\_  
 COMMODITY: \_\_\_\_\_  
 CROP YEAR: \_\_\_\_\_

NAME	SOCIAL SECURITY NO.	DATE STARTED	DATE TERMINATED	TYPE OF TRAINING RECEIVED	POSITION	DATE EMPLOYEE MISCONDUCT BRIBERY PROCEDURES SIGNED AND BRIBERY CARD ISSUED
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I certify that the *above information* is correct *and* that each person listed *above* has been satisfactorily trained for the specified position and that all appropriate documents have been issued to and read, and signed if required, by the listed person.

Authorizing Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Date sent to Federal Program Manager: \_\_\_\_\_