



United States Department of Agriculture

Agricultural Marketing Service, Fruit & Vegetable Program, Specialty Crops Inspection Division

Request for Enrollment in Market Inspector Training (MIT)

Candidate Name: _____

Office (Market) Address: _____

Work Phone: _____ email: _____

Officer-In-Charge (OIC) or State Supervisor: _____

Phone: _____ email: _____

Date of MIT School requested: _____

MIT Minimum Criteria for Enrollment

Familiarity can be demonstrated by having a basic understanding of the topic or by testing or completion of questionnaires.

The candidate:

- Is familiar with Part I of General Market Inspection Instructions, including: Safety, Authorities for inspection processes, General Terms, Sampling Procedures (rate and size of sample)
Is familiar with the relationship between USDA AMS Specialty Crops Inspection (SCI) Division and the Federal-State Inspection Service.
Is familiar with inspection equipment including sizers, scales, thermometers and refractometers.
Can describe the difference between Quality and Condition factors.
Can define acceptable PLI markings
Has at least three months experience performing market inspections. (All market inspectors must attend MIT within two years of becoming unrestricted in their ability to inspect commodities.)
Has independently prepared notesheets and written FV 300 certificates for two or more commodities
Is familiar with Marketing Orders (MO). (Can name common Fresh Products commodities shipped under MO and has basic knowledge of MO grade requirements)
Has knowledge of PACA and how and when to report misbranded product.
Is familiar with and can describe the Appeal Process
Is familiar with grade standards and inspection instructions of five or more commodities at time of application. This criterion does not require that the product was independently inspected by the applicant. (Additional commodity questionnaires will be required to be completed before MIT starts.)

I attest by my signature that the above named candidate meets the minimum criteria for enrollment in Market Inspector Training School.

OIC or State Supervisor: _____ Date: _____

Federal Program Manager/Regional Branch Chief: _____ Date: _____

Forward this form to your Federal Program Manager or Regional Branch Chief