	APPLICATION FOR Fresh Fruits and V between t	/egetables
	IDAHO STATE DEPARTMEN FEDERAL - STATE INSPE BOISE, IDAHO and	CTION SERVICE
Company:		
Address:		
("Parties"). Sel	ect the option that best fills your needs:	
C.A.I.P. (Cu	ustomer Assisted Inspection Program) - F based upon a minimum of forty (40) regulation charges are based on a cwt. fee which is	ular hours per week. For Potatoes,
Option 1 -	Charges are based upon a minimum of fo	orty (40) regular hours per week.
Option 2 -	Charges are based upon hours worked w and a four (4) hour minimum in the p.m.	
Intermitte	nt - Charges are based upon less than tw hour minimum charge in the a.m. and a or by the cwt. rate , whichever is greater	four (4) hour minimum charge in the p.m.
I, have checked the option above of the Idaho State Department of Agriculture Shipping Point Inspection Service fee schedules for Fresh Fruit and Vegetable shipments and the fee schedules for Fresh Fruit and Vegetables Customer Assisted Inspection Program (CAIP). The appropriate fee schedule is hereby incorporated by reference and a copy is attached. In electing the option, checked above, I understand the charges as described above, and agree to pay the Department of Agriculture in accordance with the fee schedule I have selected. In consideration of the promises stated herein, the Parties agree as follows:		
Compensation of Inspectors shall be the responsibility of the Department of Agriculture and will be consistent with the policy set by the Board of Examiners and the State of Idaho.		
This agreement shall take effect when executed by both parties and shall continue in effect until terminated in writing by either party.		
Any change to this agreement shall be in writing and signed by the authorized representative of both Parties.		
This agreement shall be governed by and construed in accordance with the laws of the State of Idaho.		
This agreement shall not be assigned without the prior written consent of the other party.		
This agreement constitutes the entire agreement between the parties.		
	DEPT. OF AGRICULTURE E INSPECTION SERVICE	COMPANY
Signature of Authorize	d Representative	Signature of Authorized Representative

Date

Date