

APPLICATION FOR SERVICES
Fresh Fruits and Vegetables
between the
IDAHO STATE DEPARTMENT OF AGRICULTURE
FEDERAL - STATE INSPECTION SERVICE
BOISE, IDAHO 83712
and

Company: _____

Address: _____

("Parties"). Select the option that best fills your needs:

☐ **C.A.I.P. (Customer Assisted Inspection Program)** - Charges are based upon a minimum of forty (40) regular hours per week and cwt charges calculated per commodity.

☐ **Option 1** - Charges are based upon a minimum of forty (40) regular hours per week/cwt.

☐ **Option 2** - Charges are based upon hours worked with a four (4) hour minimum in the a.m. and a four (4) hour minimum in the p.m. Cwt calculated per commodity

☐ **Intermittent** - Charges are based upon an the hourly rate and cwt.

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.

**IDAHO STATE DEPT. OF AGRICULTURE
FEDERAL-STATE INSPECTION SERVICE**

COMPANY

Signature of Authorized Representative

Signature of Authorized Representative

Date

Date