STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE

☐ Please check here if you have a disability and would like to be contacted to make special testing arrangements.

APPLICATION FOR LICENSING EXAMINATION

Form 13-035 (Rev. 5/08)

☐ COMMISSIONER ☐ SEALER ☐ DEPUTY COMMISSIONER ☐ DEPUTY SEALER

Please print or type

NAME (Last) (First) (Middle)

ADDRESS (Number) (Street) (City) (State) (Zip)

(Area Code) Home Phone (Area Code) Business Phone E Mail Address

1. DO YOU HOLD A VALID LICENSE OF ELIGIBILITY? ○ YES ○ NO (If yes, name the license(s) and date(s) issued.)

2. COMPLETE ONLY IF EMPLOYED BY A COUNTY

COUNTY OF EMPLOYMENT POSITION TITLE

The appropriate fee(s) must accompany this application.
See examination bulletin for amount(s).

THESE FEES ARE NON-REFUNDABLE FOR ANY REASON.

FEES SUBMITTED

LICENSE/REGISTRATION NUMBER

3.CERTIFICATION OF APPLICANT - READ CAREFULLY BEFORE SIGNING.

I hereby certify that all statements made on this application are true, and I understand that any misstatements of material facts herein will cause invalidation of any license of eligibility issued by this department.

Signature Date

FOR EXAM UNIT USE ONLY

APPLICATION APPROVED

APPLICATION NOT ACCEPTABLE

REASON

NAME

FEES SUBMITTED

LICENSE / REGISTRATION NUMBER

IMPORTANT - Read the "Requirements" section on the examination announcement before completing these sections so that your qualifications may be properly evaluated from your education and experience, particularly the kind required for this examination should be completely described below.

4. EDUCATION

SCHOOL / LOCATION	COURSE OF STUDY	YEARS COMPLETED	NO. UNITS COMPLETED SEMESTER	NO. UNITS COMPLETED QUARTER	GRADUATE	DEGREE	DATE COMPLETED
COLLEGE OR UNIVERSITY					☐		
UNIVERSITY GRADUATE STUDY					☐		
OTHER COLLEGE STUDY					☐		

Night school, in-service training, special studies in technical or management stills; business, trade, correspondence, or service schools	Professional or vocational competence or licenses. Memberships in professional or technical associations.

5. EXPERIENCE

Beginning with your most recent experience, list all work experience for the last seven (7) years. Provide detail on the experience which you believe most closely meets the requirements for this examination. Attach additional sheets if necessary.

FROM MO YR	TO MO YR	TOTAL	JOB TITLE AND DUTIES PERFORMED (List each position separately).	FT/PT	EMPLOYER(S) NAME,ADDRESS & TYPE OF BUSINESS	REASON FOR LEAVING