



APPLICATION FOR APPROVED INDEPENDENT SANITATION CONSULTANT FOR FOOD STORAGE WAREHOUSES

Washington State Department of Agriculture
Food Safety/Animal Health Division
PO Box 42560
Olympia, WA 98504-2560
(360) 902-1860

NAME	SSN	TELEPHONE NUMBER	FAX NUMBER
ADDRESS (Street or P.O. Box)			
CITY		STATE	ZIP CODE
BUSINESS AFFILIATION		TELEPHONE NUMBER	FAX NUMBER
BUSINESS ADDRESS (If different than above -- Street or P.O. Box)			
CITY		STATE	ZIP CODE

QUALIFICATIONS

Minimum qualifications under WAC 16-168-050 for education and experience -- Check ONE qualifier below.

- A bachelor's degree in biology, chemistry, microbiology, food science, dairy science or a related natural science plus 3 years experience inspecting food storage warehouses or similar operations for compliance with the Current Good Manufacturing Regulations, 21 CFR part 110 (GMP's).

or

- Three years of college completed with study in the above subjects plus 5 years experience inspecting food storage warehouses or similar operations for compliance with the GMP's.

or

- Two years of college completed with study in the above subjects plus 7 years experience inspecting food storage warehouses or similar operations for compliance with the GMP's.

or

- Eight years experience inspecting food storage warehouses or similar operations for compliance with the GMP's plus verifiable training in pest control, cleaning practices, food storage warehouse inspection or application of the GMP's.

EDUCATION (Please use additional sheets if needed)

COLLEGE OR UNIVERSITY ATTENDED	DATES ATTENDED	QUARTER HOURS	CREDITS EARNED	DEGREE AWARDED	DATE DEGREE RECEIVED
1 _____					
2 _____					
3 _____					

EXPERIENCE (Please use additional sheets if needed)

NAME OF BUSINESS OR INDIVIDUAL	DATES WORKED	CONTACT PERSON	TELEPHONE NUMBER
1 _____			()
2 _____			()
3 _____			()

TRAINING (Please use additional sheets if needed)

NAME AND LOCATION OF CLASS ATTENDED	LENGTH OF CLASS	DATES ATTENDED	CLASS CURRICULUM
1 _____			
2 _____			
3 _____			

I certify to the best of my knowledge the information I have provided regarding my qualifications is true and accurate. I understand that I may be disqualified for making false statements about my qualifications.

APPLICANT'S SIGNATURE

DATE

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____
NAME OF PERSON
is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

SIGNATURE

TITLE

My appointment expires: _____