FORM GG - 1

ARKANSAS GRAIN GRADING CERTIFICATION APPLICATION

ARKANSAS DEPARTMENT OF AGRICULTURE

Grain Warehouse Section

Name of Company:		**GG #:** Office Use Only
Main Office Location Address:		County
Location City:	State	Zip
Contact Person/Signee:	Contact Person Email Address:	
Company is currently licensed with: ☐ Arkansas ☐ Federal		**License #:**
Phone #:	Fax #:	Contact Person Cell #:
# of Locations:		**LIST ADDITIONAL LOCATIONS ON FORM GG - 2** (MULTIPLE GG – 2 FORMS MAY BE USED)
Commodities Graded at Facilities:	Please ✓ all that apply: ☐ Corn ☐ Soybeans ☐ Wheat	

Grain Grading Certification Acknowledgement: (Please read and initial the statements below before signing)

1. _____ I acknowledge that Arkansas Department of Agriculture employees may randomly inspect any of the Grain Dealers locations to ensure certification as provided in A.C.A. § 2-25-101.

2. _____ I acknowledge that employees of the grain dealer who are responsible for sampling and grading grain may be required to demonstrate to the Department an adequate knowledge of sampling and grading as determined by the Department.

I hereby certify to the Arkansas Department of Agriculture, I have read and acknowledge the statements above.

Signature	Date

Upon Completion Mail To:

ARKANSAS DEPARTMENT OF AGRICULTURE
GRAIN WAREHOUSE SECTION
P.O. BOX 1069
LITTLE ROCK, AR 72203

Forms/correspondence can be emailed to: Dana.Jones@agriculture.arkansas.gov

**** A copy of an SOP/Training Manual that meets USDA standards or a Certificate from Midsouth must accompany this application.***