Reset Form

APPLICATION FOR INSPECTION OF MOISTURE TESTING EQUIPMENT

State Form 516 (R8 / 7-15)
Approved by State Board of Accounts, 2015
INDIANA STATE DEPARTMENT OF AGRICULTURE

OFFICE USE ONLY
Check number
Initials
Facility number

INDIANA GRAIN BUYERS AND WAREHOUSE LICENSING AGENCY
One North Capitol Avenue, Suite 600
Indianapolis, Indiana 46204
Telephone: (317) 232-1360
Fax: (317) 232-1362

INSTRUCTIONS:
1. *Complete one application for each facility location. Form may be filled out online and then printed.*
2. *Retain copy of this application for your files.*
3. *FORWARD A SIGNED ORIGINAL to the above address.*

Application number

Name of company		Amount enclosed with application $
Address of company *(number and street, city, state, and ZIP code)*		Telephone number
Location of facility *(number and street, city, state, and ZIP code)*	Telephone number	County in which facility is located
Directions to facility location	Name(s) of operator(s)	

If there has been a change in the person, firm or corporation **LEGALLY** responsible for the operation of the company during the last twelve (12) months, give the following information:

Date of change *(month, day, year)*	Name of previous owner
List grain products purchased, exchanged or sold.	**Number of devices *($200.00 for each device to be inspected)***

If number of devices has been changed during the last twelve (12) months, give date and number of devices.	**ADDED**	Date added *(month, day, year)*	Number added
	DELETED	Date deleted *(month, day, year)*	Number deleted

MOISTURE TESTING EQUIPMENT
(Give manufacturer's name, model and serial numbers)

Name of Manufacturer	Model Number	Serial Number
1.		
2.		
3.		
4.		
5.		
6.		

NOTE: If more moisture testing equipment, use a separate sheet.

Signature of applicant	Date signed *(month, day, year)*
Title	E-mail address