

UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FEDERAL GRAIN INSPECTION SERVICE COMPLIANCE DIVISION		FORM APPROVED OMB NO. 0581-0309 According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection package is 0581-0309. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	
CONFLICT OF INTEREST QUESTIONNAIRE (NON-LICENSED OFFICIAL AGENCY PERSONNEL)			
1. Full Legal Name (Print) (First, Middle, Last, Suffix)		Check if agency personnel does not have a middle name or initial.	
2. Official Agency		3. Position or Relationship to Official Agency	
Please indicate your answer to each of the following questions by entering an "X" in the appropriate space. If your answer to any questions is "YES", or if you desire to elaborate on any of your answers, please describe your situation on the reverse of this form or on an additional page, if necessary.			
4. Do you, your spouse, your minor children, or any blood relative immediately residing in your household, serve as an officer, director, committee member, or employee of any business entity owning or operating any grain elevator or warehouse, or engage in the merchandising, storage, commercial transportation, or other commercial handling of grain?		YES	NO
5. Do you, your spouse, your minor children, or any blood relative immediately residing in your household, have stock or other financial interest, directly or indirectly, in any grain elevator or warehouse or any other business entity involved in the merchandising, storage, commercial transportation, or other commercial handling of grain?		YES	NO
6. Do you know of any other matters, family relationships or other personal relationships, which might give rise to an apparent or possible conflict of interest involving your present employment and any business entity described above?		YES	NO
7. Signature		8. Date	
PRIVACY ACT STATEMENT Mandatory response to the above Conflict of Interest Questionnaire is required by 7 U.S.C. 87 Section 11. Failure to provide information may result in the Official Agency not receiving Federal designation/delegation as an Official Agency. Information will be used to evaluate/resolve possible conflicts of interest and also may be referred to the Department of Justice or to other investigative and law enforcement agencies for investigation, prosecution, and/or administrative action resulting from violation of law, rule, regulation, instruction, or order; or to a Congressional office in response to a constituent's request for release of his/her record. 18 U.S.C. 1001 provides for a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both, for false or fraudulent statements made to an agency of the United States.			

Instructions for Completing FGIS 100

Please type application or print carefully. Additional sheets may be used to describe your situation, if necessary.

1. Provide the full legal name of non-licensed employee of an official agency. This includes first, middle, last, and suffix (e.g., Sr., Jr., and III). If the employee does not have a middle name or initial, please check the button signifying so. .
2. Provide the name of the official agency that employs the individual.
3. Provide the name of the position or organizational title in the official agency.
4. Check the block left of "YES" if true; check in the block left of "NO" if not true.
5. Check the block left of "YES" if true; check in the block left of "NO" if not true.
6. Check the block left of "YES" if true; check in the block left of "NO" if not true.
7. Sign full name.
8. Provide date signed.

Contact Information

Submit with an Application for Designation (Form FGIS - 942) or upon any change in non-licensed personnel. Send using any of the following methods:

- E-mail: Send via electronic mail to FGISQACD@ams.usda.gov
- Hand Delivery, Courier, or Mail to:

Quality Assurance & Compliance Division, AMS, FGIS, USDA
1400 Independence Avenue, SW., Room 2409-S; STOP 3630
Washington, DC 20250

For further information contact:

Director
Quality Assurance & Compliance Division
1400 Independence Avenue, SW, Room 2409-S
Washington, DC 20250
Telephone: (202) 720-0228

Email: FGISQACD@ams.usda.gov
AMS website: <http://www.ams.usda.gov>