



**FEDERAL-STATE SHIPPING POINT INSPECTION SERVICE
LICENSEE'S PERFORMANCE RATING**

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|---|---|--|
| IMPORTANT: Before completing this form, refer to the Federal and Federal-State Shipping Point and Cooperative Market Supervisors' Manual | | |
| NAME (LAST, FIRST, M.I.): | | |
| | | |
| ADDRESS: | E-MAIL ADDRESS: | |
| | | |
| LICENSE TYPE & NUMBER: | RATING PERIOD: | |
| <input type="checkbox"/> SC-200 <input type="checkbox"/> SC-201 | | |
| STATE EMPLOYED: | DATE OF LAST RATING: | |
| | | |
| PRODUCTS INSPECTED (DURING RATING PERIOD): | | |
| | | |
| RATING INFORMATION | | |
| KNOWLEDGE OF PRODUCTS | COOPERATION | JUDGEMENT |
| | | |
| ATTITUDE | TACT | FINAL GRADE |
| | | |
| PERSONALITY | DO YOU RECOMMEND RE-EMPLOYMENT? | SUPERVISORY POTENTIAL |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO," EXPLAIN UNDER REMARKS | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TOO EARLY TO DETERMINE |
| REMARKS | | |
| | | |
| SIGNATURE OF FEDERAL PROGRAM MANAGER/STATE SUPERVISOR/DESIGNEE | | DATE: |
| | | |