

**North Dakota Farm Service Agency
Loss Adjuster Contractor (LAC) Application**

PERSONAL DATA

Name: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Availability: _____

WORK EXPERIENCE

Company Name: _____ **Address:** _____

Supervisor Name: _____ **Phone Number:** _____

Job Description (duties, skills, equipment used, etc.):

Dates of Employment: Start: _____ End: _____

Reason for Leaving: _____

Company Name: _____ **Address:** _____

Supervisor Name: _____ **Phone Number:** _____

Job Description (duties, skills, equipment used, etc.):

Dates of Employment: Start: _____ End: _____

Reason for Leaving: _____

SPECIFIC AGRICULTURAL EDUCATION AND WORK EXPERIENCE:

REFERENCES:

NAME	ADDRESS	PHONE NUMBER

Signature: _____ Date: _____

Please mail this application form to your local County Office or ND Farm Service Agency State Office, 1025 28th St. S, Fargo ND 58103, Attn: Tina Pierce. The application form can also be emailed to tina.pierce@usda.gov.