

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FRUIT AND VEGETABLE PROGRAMS	<b>REPORT OF SPECIAL PURPOSE          SHIPMENT UNDER CERTIFICATE          OF PRIVILEGE</b>	Florida Avocado Administrative Committee 18710 S.W. 288th Street, P.O. Box 900188 Homestead, FL 33090-0188 TELEPHONE: (305) 247-0848
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SHIPPED TO

ADDRESS (City, County, State, and ZIP)

NAME OF CARRIER

TRUCK LICENSE NUMBER

PURPOSE (Mark "X" in appropriate box)

Seed

Charity (fresh)

Processing

NUMBER OF CONTAINERS SHIPPED

CONTAINER WEIGHT

NUMBER OF CONTAINERS RECEIVED

CONTAINER  
WEIGHT

DATE SHIPPED

LOADING POINT

DATE RECEIVED

UNLOADING POINT

**CERTIFICATION STATEMENT:** The undersigned certifies to the Committee and the Secretary of Agriculture that these avocados are being shipped in accordance with current Marketing Order Regulations for use only for the purpose stated. I realize that the making of a false statement, knowing it to be false, is a violation of Title 18, Section 1001, of the United States Code, among other statutes which provide for fine and imprisonment.

If used other than stated by Shipper, specify:

**CERTIFICATION STATEMENT:** The undersigned acknowledges receipt of and certifies to the Committee and the Secretary of Agriculture that the above avocados will be used for the purpose indicated. I realize that the making of a false statement, knowing it to be false, is a violation of Title 18, Section 1001 of the United States Code, among other statutes which provide for fine and imprisonment.

NAME OF SHIPPER

REGISTERED HANDLER NUMBER (if applicable)

PACA LICENSE NUMBER (if applicable)

ADDRESS (City, County, State, and ZIP)

NAME OF RECEIVER

ADDRESS (City, County, State, and ZIP)

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

**INSTRUCTIONS TO SHIPPER:** Fill out this report for each Special Purpose Shipment. Sign all four (4) copies. Mail the original (white) copy to the Committee Office. Forward the yellow and pink copies to the receiver. Retain the gold copy for your files. **FAILURE TO COMPLY CONSTITUTES A VIOLATION OF MARKETING ORDER 915.**

**INSTRUCTIONS TO RECEIVER:** Upon receipt of these forms, promptly complete the pink copy and mail to the Committee Office. Retain the yellow copy for your files. **FAILURE TO COMPLY WILL RESULT IN CANCELLATION OF CERTIFICATES PERMITTING SHIPMENTS OF SPECIAL PURPOSE AVOCADOS TO YOUR FIRM.**

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program.

**NOTE:** 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 is 0581-0189. The time required to complete this information collection is estimated to average 6 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.

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