

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
FRUIT AND VEGETABLE PROGRAMS

**APPLICATION FOR
REGISTRATION
AS AN AVOCADO HANDLER**

Florida Avocado Administrative Committee
18710 S.W. 288th Street, P.O. Box 900188
Homestead, FL 33090-0188
TELEPHONE: (305) 247-0848

1. In accordance with the authority granted by the Secretary of Agriculture for the marketing of avocados grown in Florida, under Federal Marketing Order 915. I hereby apply for registration as an avocado handler, consistent with 915.120.

2. APPLICANT'S NAME

2a. BUSINESS ADDRESS (City, County, State, and ZIP)

2b. HOME ADDRESS (City, County, State, and ZIP)

2c. APPLICANT'S HOME TELEPHONE NUMBER (Include area code)

2d. APPLICANT'S BUSINESS TELEPHONE NUMBER (Include area code)

3. ADDRESS WHERE FRUIT WILL BE PACKED

3a. FAX TELEPHONE NUMBER

3b. BUSINESS TELEPHONE NUMBER

4. NAME OF PERSON RESPONSIBLE FOR PACKING FRUIT

5. FORM OF BUSINESS ORGANIZATION (Mark "X" in appropriate box)

Individual

Partnership

Corporation

Cooperative

IF INCORPORATED, IN WHICH STATE?

6. NATURE OF BUSINESS (Mark "X" in appropriate box)

Handler

Trucker

Shipper

Gift fruit shipper

7. NUMBER OF YEARS ENGAGED IN AVOCADO BUSINESS

8. ESTIMATED SEASONAL VOLUME OF AVOCADOS HANDLED

9. NAME OF BUSINESS

10. IF OTHER THAN INDIVIDUAL, GIVE NAMES AND ADDRESS OF OFFICERS, PARTNERS, ETC.

NAME	TITLE	ADDRESS

11. WILL YOU HANDLE ONLY FRUIT THAT YOU, YOURSELF, OWN AND GROW?
(Mark "X" in appropriate block)

YES

NO

12. NAME AND ADDRESS OF THREE REFERENCES, ONE OF WHICH SHALL BE A BANK

NAME	ADDRESS

13. THE FOLLOWING FACILITIES ARE NEEDED FOR PACKING AVOCADOS, PLEASE INDICATE COMPLIANCE

1. Permanent location:

2. Facilities under cover:

3. Proper lighting:

4. Approved scales available:

Mark "X" in appropriate block	YES	NO
14.* DO YOU HAVE A CURRENT PERISHABLE AGRICULTURAL COMMODITIES ACT (PACA) LICENSE?		
15.* DO YOU HAVE A CURRENT FLORIDA DEALER'S LICENSE?		
16.* DO YOU HAVE A CURRENT FLORIDA AGRICULTURAL BOND?		
17.* DO YOU HAVE A CURRENT DADE COUNTY OCCUPATIONAL LICENSE?		
18. HAVE YOU, OR OTHER PRINCIPALS IN YOUR BUSINESS, EVER BEEN CONVICTED OF A FELONY?		
19. ARE YOU AWARE OF THE PROVISIONS OF FEDERAL MARKETING ORDER 915 THAT GOVERNS THE MARKETING OF AVOCADOS GROWN IN FLORIDA?		
20. HAVE YOU READ AND STUDIED THE REQUIREMENTS FOR U.S. GRADE STANDARDS OF AVOCADOS?		
21. DO YOU AGREE TO NOTIFY THIS OFFICE IMMEDIATELY IF THE ANSWER TO ANY OF THE PRECEDING QUESTIONS CHANGE OVER TIME?		
22. DO YOU UNDERSTAND THE CONDITIONS UNDER WHICH YOUR CERTIFICATE OF REGISTRATION MAY BE SUSPENDED OR REVOKED, AS OUTLINED IN 915.120 IN FEDERAL MARKETING ORDER 915?		

CERTIFICATION STATEMENT: I (we) hereby agree to comply with all of the requirements of the Marketing Agreement and Order regulating the handling of avocados grown in the Florida production area and with all the rules and regulations issued thereunder.

SIGNATURE OF APPLICANT	DATE
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STATE OF FLORIDA, COUNTY OF _____, Before me, the undersigned authority, personally appeared _____, who, being duly sworn, stated that he (she) is _____ of _____ and that the statements contained herein are correct to the best of his (her) knowledge and belief.

NOTARY PUBLIC

NOTE: The making of any false statements or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of Title 18, Section 1001, United States Code, which provides for a penalty of a fine of \$10,000, or imprisonment of not more than five years, or both.

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

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 15 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.

NOTE:

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*A copy must accompany application.