

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

**APPLICATION TO THE FLORIDA AVOCADO ADMINISTRATIVE
 COMMITTEE FOR PRODUCERS EXEMPTION CERTIFICATE**

DATE _____ NUMBER OF FRUIT IN SAMPLE _____

PRODUCERS NAME _____ TELEPHONE NUMBER (include area code) _____

MAILING ADDRESS (City, County, State, and ZIP) _____

LOCATION OF GROVE (from established landmarks) _____

VARIETY FOR WHICH EXEMPTION IS REQUESTED (Mark "X" in appropriate box)

Details Current Regulations Requested Exemption

SHIPPING DATE _____ WEIGHT _____ SIZE _____

NAME OF HANDLER _____

PRODUCER'S REASON FOR REQUESTING THIS EXEMPTION (If additional space is required, use back)

ESTIMATED QUANTITY OF AVOCADOS FOR WHICH EXEMPTION IS REQUESTED _____

CERTIFICATION STATEMENT: Information given on this form is for the use of the Florida Avocado Administrative Committee, acting under authority of the Secretary of Agriculture of the United States. To the best of my knowledge and belief, all statements contained in this application are true, correct, and complete.

SIGNATURE OF APPLICANT _____ DATE _____

DO NOT WRITE BELOW THIS LINE

COMMITTEE ACTION

MATURITY SUBCOMMITTEE	YES	NO	FLORIDA AVOCADO ADMINISTRATIVE COMMITTEE	YES	NO

NOTE:

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