

UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
FRUIT AND VEGETABLE PROGRAMS

CERTIFICATE OF EXEMPTION  
FLORIDA AVOCADO ADMINISTRATIVE COMMITTEE

Pursuant to the Marketing Agreement and the Order regulating the handling of avocados grown in South Florida, and upon the basis of the evidence submitted to, and the determination made by, the Florida Avocado Administrative Committee, as provided in the said Marketing Agreement and Order, there is hereby granted to \_\_\_\_\_

\_\_\_\_\_, Florida, a producer of avocados, an exemption from the regulation issued pursuant to the said authority regulating maturity which will permit the said producer to ship or handle the avocados hereby specified:

Variety \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_  
Quantity \_\_\_\_\_ Not to be shipped before \_\_\_\_\_  
Location of Grove \_\_\_\_\_

This certificate of exemption may be transferred by the said producer to any purchaser of the said fruit, and the benefits of this exemption shall be applicable to such purchases provided, that such purchaser gives notice to the Florida Avocado Administrative Committee of such transfer, including number and sizes of packages involved, prior to the time that the fruit covered hereby is shipped and further provided that this certificate has been properly completed by the producer and signed before a commissioned notary public. This certificate shall be surrendered to the Federal State Inspection Service for cancellation upon completion of inspection of subject avocados.

Issued on \_\_\_\_\_ 20\_\_\_\_. Upon the direction of the Florida Avocado Administrative Committee.

\_\_\_\_\_  
COMMITTEE ADMINISTRATOR

\_\_\_\_\_  
DATE

All avocados offered pursuant to this exemption certificate conform with the above specifications and were produced in the location shown above. This exemption is hereby transferred to \_\_\_\_\_

(Name of Handler)

whose address is: \_\_\_\_\_

SIGNATURE OF GROWER OF AVOCADOS: \_\_\_\_\_

State of Florida; County of \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who, being duly sworn, states had he/she is \_\_\_\_\_ of \_\_\_\_\_

(Name of Handler)

(Name of Firm or Corporation)

and that the statements herein contained are correct to the best of his/her knowledge and belief.

SEAL

\_\_\_\_\_  
Notary Public

**NOTE:** The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and Paperwork 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 the 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 5 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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