

KIWIFRUIT ADMINISTRATIVE COMMITTEE

APPLICATION FOR INSPECTION
(Waiver Form)

SECTION I (To be completed by shipper)

To: (Federal-State Inspection Service)

_____ Office

I hereby request inspection of _____ of _____
(No. & type of containers) (Variety)

_____ on _____ at _____
(Fruit) (Date) (Place)

between the hours of _____. If inspection is not available and a waiver is issued to cover the above-described fruit, I will certify that it will meet all requirements of the Kiwifruit Administrative Committee.

_____ (Date)

_____ (Name)

_____ (Address)

Section II (To be completed by the Federal-State Inspection Service)

This will acknowledge your request for inspection. Inspection cannot be performed at the time and place specified and you are hereby assigned waive number:

W-_____

To cover the fruit for which you requested inspection. You are reminded that you must report all shipments of fruit controlled by the Kiwifruit Administrative Committee including those which move under waiver to the Kiwifruit Administrative Committee, 1550 Harbor Blvd., Suite 206, West Sacramento, CA 95691.

_____ (Date)

_____ (Name)

FEDERAL-STATE INSPECTION SERVICE

_____ Office

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