

SPSC# _____

OMB No. 0581-0189

WASHINGTON CHERRY MARKETING COMMITTEE
105 S. 18th STREET, SUITE 205
YAKIMA, WA 98901-2149
(509) 453-4837
FAX: (509) 453-4880

SPECIAL PURPOSE SHIPMENT REPORT

To be completed by SHIPPER or RECEIVER (please check applicable box):

Name _____ Telephone _____

Address _____
Street City State Zip Code

Received from:

Grower/Handler Name <i>Please indicate grower or handler</i>	Sweet Cherry Variety	Pounds
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify to the Washington Cherry Marketing Committee, USDA, and WSDA that any shipments made pursuant to this Special Purpose Shipment Certificate will be made in accordance with the current regulations under Marketing Order No. 923, Chapter 16-414 WAC, Cherries, Chapter 16-461 WAC, Inspection Requirements for Fruit and Vegetables, and Chapter 16-463 WAC, Prohibiting the Sale and/or Movement of Infested Cherries. Further, I agree to forward assessments due on these cherries to the Committee office.

Signature _____ Date _____

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