No. _____

OMB No. 0581-0189

Washington Apricot Marketing Committee

P.O. Box 2386
Yakima, Washington 98907
Telephone and Fax No. (509) 457-7697

WAIVER OF INSPECTION PERMIT

SHIPPER _____

ADDRESS _____

TRUCK NAME _____ LIC. NO. _____

FIRM SHIPPED TO _____

ADDRESS _____

Number, Type, and Size of Containers	Commodity and Variety	Grade

The undersigned, a duly authorized representative of the above named shipper, certifies that the apricots covered by this Waiver of Inspection Permit are in compliance with all the regulations established by the Washington Apricot Marketing Committee.

_____ _____

Waiver of Inspection No. Authorized Representative

Date of Shipment _____ Time _____ A.M. P.M.

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