## PRUNE GROWER NUMBER ASSIGNMENT CORRECTION

HANDLER:		I			DATE:	
		(Name) (Address)				
RECEIVING STATION:						
		(Name)		_		
		(Address)  Lot Code	as indicated	_		
Please correct grow	ers number			ed below:		
		Sig				
Number		Prune Gro				
Was:	Name:					
	Address:					
Should Be:	Name:		-			
	Address:					
Above requested corre	ctions have be					
Record			Date	S	ignature	
Receiving documents, wei						
door receipts, contracts,	etc.					
Incoming Inspections						
DFA Form P-6 issued	at on headlast					
Grower number assignmen	nt on nandier's	3				
report of accounting						

INSTRUCTIONS: SEE OVER

## **INSTRUCTIONS:**

The correction needs to be made in your prune grower receiving documents, incoming inspection certificates, handler's report of accounting, or in any other record wherein the old number appears to identify the above producer.

Please return the enclosed copy of this form dated and acknowledged as assurance that this correction has been completed in your prune receiving records and also the incoming inspection records.

AUTHORITY: This report is required by law (7 U.S.C. 608 (d), 7 CRF §993.73).

<u>FAILURE TO REPORT</u> can result in a fine of not less than \$50 or more than \$5,000 for each such violation and each day during which such violation. continues.

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 0581-0178. 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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