MT-			
No.			

COLORADO POTATO ADMINISTRATIVE COMMITTEE NORTHERN COLORADO OFFICE AREA III P.O. BOX 1774

GREELEY, CO 80632 Phone (970) 352-5231 FAX (970) 304-0861

FOR SPECIAL PURPOSE SHIPMENT REPORTS CERTIFICATE OF PRIVILEGE FOR SPECIAL PURPOSE REPORTS are required for the shipment of potatoes for other than fresh market purposes. CHECK THE INTENDED USE FOR WHICH YOUR POTATOES WILL BE SHIPPED.		CERTIFICATE OF PRIVILEGE		
shipment of potatoes for other than fresh market purposes. CHECK THE INTENDED USE FOR WHICH YOUR POTATOES WILL BE SHIPPED.				
OTHER (Please specify	shipment of potatoes for other than fresh ma	rket purposes. CHECK THE INTENDED USE FOR		
Certificate of Privilege for Special Purpose Shipments by virtue of this application and corresponding Special Purpose Shipment Reports must be used for the purpose stated in this application and any deviation or infringement of this privilege which shall become known to me will be reported to the Area III Committee promptly. Further, that I will not knowingly sell or cause to be sold potatoes which have been granted a Certificate of Privilege and are to be used in violation of said Certificate. I am aware that when Special Purpose Shipment Reports are used for OTHER THAN POTATOES FOR CHIPPING, the RECEIVER must return a copy of the report to the Potato Administrative Committee within 15 days. The Certificate of Privilege/Special Purpose Shipment Reports granted subject to this Application shall be numbered consecutively from	CHIPPINGCANNINGI	FLAKESHOESTRINGCHARITY		
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Date: Business Address: Additional Forms Issued: City, State, Zip:	In addition to the penalties provided in § 608(c) as amended, other Federal statutes provide, in fraudulent statement for the purpose of influen	e)(14) of the Agricultural Marketing Agreement Act of 1937, substance, that any person who knowingly makes a false or noing the actions of a government agency shall be guilty of a		
Additional Forms Issued: City, State, Zip:	Approved by Area III	Company Name:		
	Date:	Business Address:		
Mailing Address:		City, State, Zip:		
		Mailing Address:		
Authorized Signature:		Authorized Signature:		

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