U.S. DEPARTMENT OF AGRICULTURE

HANDLER

Avocado Administrative Committee

	RICULTURAL MARKETING SERVI UIT AND VEGETABLE PROGRAM		STRA	TION	Homestead, FL 33090-0188 Tel: (305) 247-0848		
F	accordance with the authority granted by the Secretary of Agriculture for the marketing of avocados grown in orida, under Marketing Order No. 915, I hereby apply for registration as an avocado handler, consistent with CFR § 915.120.						
	NAME						
2a. F	2a. HOME ADDRESS (City, County, State, and Zip Code)						
2b. E	b. BUSINESS ADDRESS (City, County, State, and Zip Code)						
2c. F	HOME TELEPHONE NUMBER (i	EPHONE NUMBER (include area code) 2d. BUSINESS TELEPHONE NUMBER (include area code)					
3. A	ADDRESS WHERE FRUIT WILL	BE PACKED		,			
4. N	NAME OF PERSON RESPONSIBLE FOR PACKING FRUIT						
	FORM OF BUSINESS ORGANIZATION □ Individual □ Partnership □ Corporation □ Cooperative						
	F INCORPORATED, IN WHAT STATE? NATURE OF BUSINESS						
	☐ Handler ☐ Trucker	□Sh	ipper		☐ Gift fruit shipper		
	IUMBER OF YEARS ENGAGED IN AVOCADO 8. ESTIMATED SEASONAL VOLUME OF AVOCADOS HANDLED						
9. 1	NAME OF BUSINESS						
10. I	F OTHER THAN INDIVIDUAL,	GIVE NAMES AN	ND ADD	RESSES OF	OFFICERS, PARTNERS, ETC.		
	Name	Γitle		Addre	ss		
	1. WILL YOU HANDLE ONLY FRUIT THAT YOU, YOURSELF, OWN AND GROW? ☐ YES ☐ NO						
12. N	NAME AND ADDRESS OF THREE REFERENCES, ONE OF WHICH SHALL BE A BANK						
	Name			Addres	S		
12 7	THE FOLLOWING EACH ITIES	ADE NEEDED EO	D DACK	UNC AVOC	ADOS DI FASE INDICATE		
(13. THE FOLLOWING FACILITIES ARE NEEDED FOR PACKING AVOCADOS, PLEASE INDICATE COMPLIANCE						
	. Permanent location:						
2							
3	3. Proper lighting:						
4	4. Approved scales available:						

Mark "X" in appropriate block	YES	NO				
14. DO YOU HAVE A CURRENT PERISHABLE AGRICULTURAL COMMODITIES						
ACT (PACA) LICENSE*?						
15. DO YOU HAVE A CURRENT FLORIDA DEALER'S LICENSE*?						
16. DO YOU HAVE A CURRENT FLORIDA AGRICULTURAL BOND*?						
17. DO YOU HAVE A CURRENT DADE COUNTY OCCUPATIONAL LICENSE*?						
18. HAVE YOU, OR OTHER PRINCIPALS IN YOUR BUSINESS, EVER BEEN CONVICTED OF A FELONY?						
19. ARE YOU AWARE OF THE PROVISIONS OF FEDERAL MARKETING ORDER						
NO. 915 THAT GOVERNS THE MARKETING OF AVOCADOS GROWN IN						
FLORIDA?						
20. HAVE YOU READ AND STUDIED THE REQUIREMENTS FOR U.S. GRADE						
STANDARDS OF AVOCADOS?						
21. DO YOU AGREE TO NOTIFY THIS OFFICE IMMEDIATELY IF THE ANSWER TO)					
ANY OF THE PRECEEDING QUESTIONS CHANGE OVER TIME?						
22. DO YOU UNDERSTAND THE CONDITIONS UNDER WHICH YOUR						
CERTIFICATE OF REGISTRATION MAY BE SUSPENDED OR REVOKED, AS						
OUTLINED IN 915.120 IN FEDERAL MARKETING ORDER NO. 915?						
CERTIFICATION OF STATEMENT: I (we) hereby agree to comply with all of the requirements of the						
Marketing Order regulating the handling of avocados grown in the Florida production area and with all the rules and						
regulations issued thereunder.						
SIGNATURE OF APPLICANT	DATE					
STATE OF FLORIDA, COUNTY OF Before me the undersigned authority,						
personally appeared, who, being duly sworn,	stated that h	e (she) is				
contained herin are correct to the best of his (her) knowledge and belif.						
(/)						
NOTARY PUBLIC						
NOTE: The making of any false statements or representations in any matter within the jurisdiction of any agency of						
the United States, knowing it to be false, is a violation of Title 18, Section 1001, United States Code, which						

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provides for a penalty of a fine of \$10,000, or imprisonment of no more than five years, or both.

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^{*} A copy must accompany application.

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