U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FRUIT AND VEGETABLE PROGRAMS	A	AV DMII COMN DUCE	ATION TO THE VOCADO NISTRATIVE MITTEE FOR ERS EXEMPTION RTIFICATE	Avocado Administrative P.O Box 900188 Homestead, FL 33090-0 Tel: (305) 247-0848		ittee
DATE	NUMBER OF FRUIT IN SAMPLE					
PRODUCERS NAME				TELEPHONE NUMBER (include area code)		
MAILING ADDRESS (City, County, S	State, and	Zip C	ode)			
LOCATION OF GROVE (from establi	shed land	lmarks	5)			
VARIETY FOR WHICH EXEMPTION	N IS REC	QUEST	ΓED			
☐ Details ☐ Current Regulation ☐ Requested Exemption						
SHIPPING DATE	WEIGHT			SIZE		
NAME OF HANDLER						
PRODUCER'S REASON FOR REQUESTING THIS EXEMPTION (If additional space is required, use back)						
ESTIMATED QUANTITY OF AVOCADOS FOR WHICH EXEMPTION IS REQUESTED						
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		
DO NOT WRITE BELOW THIS LINE						
	C	IMMC	TTEE ACTION		1	
MATURITY SUBCOMMITTEE	YES	N O	AVOCADO ADMINI COMMITTEE	STRATIVE	YES	NO
			+			

NOTE: According 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 display s a valid OMB control number. The valid OMB control number for this information collection is 0581-0189. The time required to complete this information collection is estimated to average 10 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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