



State of Washington Potato Committee  
 P.O. Box 1815, Moses Lake, Washington 98837  
 Phone (509) 765-8845 / FAX (509) 765-4853

**INSPECTION CERTIFICATE FAILING MAREKTING ORDER 946 REQUIREMENTS**

Shipper's Name: \_\_\_\_\_ Shipper's Special Purpose Certificate Number: \_\_\_\_\_  
 Shipping Point \_\_\_\_\_ Destination: \_\_\_\_\_  
 Date of Failed Inspection: \_\_\_\_\_ CWT Amount Failed: \_\_\_\_\_ Variety: \_\_\_\_\_

TO COMPLY WITH FEDERAL MARKETING ORDER 946, PLEASE CHECK THE APPROPRIATE BOX AND FILL OUT THE REQUESTED INFORMATION.

Certificate Number	Federal/State Inspection Reason for Failing Marketing Order 946

- 1. If any of these potatoes were sent for processing, please list the following:  
 Processor's name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ CWT Shipped: \_\_\_\_\_ Date of Shipment: \_\_\_\_\_
- 2. If any of these potatoes were sent for animal feed, please list the following:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ CWT Shipped: \_\_\_\_\_ Date of Shipment: \_\_\_\_\_
- 3. If any of these potatoes were sent to Charity, please list the following:  
 Charity name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ CWT Shipped: \_\_\_\_\_ Date of Shipment: \_\_\_\_\_
- 4. If any of these potatoes were re-run and re-inspected, please list the following:  
 Name of Packer/Shipper: \_\_\_\_\_ Inspection Reference Number(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ CWT Shipped: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**Attach Copy of Passing Inspection Certificate(s).**

I, the undersigned, a shipper responsible for the handling of the above potatoes, do hereby certify that the disposition shown for each lot above is the true disposition for each of these lots.

Title \_\_\_\_\_ Signature \_\_\_\_\_

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 3 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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