

Colorado Potato Administrative Committee Area III - Northern Colorado P.O. Box 1774 Greeley, CO 80632 Phone: 970-352-5231 Fax: 970-304-0861

WA	IVER OF INSPECT	TION - WEEK	LY SHI	PMENT REPORT			
Dates: Week beginning	, and ending	(inclusive)					
To be submitted to the Colorado (Duplicate copy to be retained by F	Handler.) If necess		•	•		•	
Name, Address, Phone	Quantity/ Variety Received	Carrier ID		Original Inspection Certificate No. and Date		Purpose *	
Shipment Report of Potatoes Hand	dled - Shipped			*reç	grade,	resort, and/or repack	
Name, Address, Phone	Quantit	Quantity in CWT.		Type and Size of Container		Carrier ID No.	
Handler		Address					

False certification, knowing it to be false, is a violation of title 18, section 1001, of the United States Code, among other statures, which provide for a fine, imprisonment, or both.

Phone and Fax Number

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 9 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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Authorized Representative

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