



SHIPMENT REPORT
CROP YEAR 20__/20__

OMB No. 0581-0189

Kiwifruit Administrative Committee (KAC)
California Kiwifruit Commission (CKC)
 Mail to: 1521 "I" Street, Sacramento, CA 95814
 or Fax to (916) 446-1063; Email: chris@cgfa.org
 KAC Phone No.: (916) 441-0678 - CKC Phone No.: (916) 441-0678

COMPANY: _____
 CONTACT: _____
 PHONE No.: _____

Reporting Month: _____ Check if this is your final report for the season.

PLEASE NOTE: The following information is to be current as of the last day of the reporting month and filed with the Commission/Committee no later than the fifth (5th) day of the following month. This information is being required to assure accurate and timely statistics to assist you. Each individual handler report is completely confidential.

	Trays	3-Layers (No. of Cartons)	Bag Masters (20#) (No. of Masters)	Volume Fill (9kg - 19.8#) (No. of Containers)	Bins (125#) (No. of Bins)	Other Pounds * (No. of Pounds)
Domestic						
Canada						
Taiwan						
Japan						
Hong Kong						
Korea						
Australia						
Mexico						
Singapore						
Not listed: note market						
TOTALS						

Note: If you shipped a container type or size not listed above, contact the CKC or KAC office for assistance.

* WEIGHT OF OTHER SHIPPED (complete only if OTHER column used above)

Container Weight (pounds) (A)	No. of Containers Shipped (B)	Other Pounds Shipped (A x B)

I hereby certify to the best of my knowledge and belief that this report is true and complete. I understand that records from which this report is compiled are subject to audit and must be preserved for a period of two years:

Date:	Signature:	Title:
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Rev. 7/10. Destroy previous editions.