

SPSC# _____

WASHINGTON CHERRY MARKETING COMMITTEE
 105 S. 18th STREET, SUITE 205
 YAKIMA, WA 98901-2149
 TELEPHONE: (509) 453-4837
 FAX: (509) 453-4880

SPECIAL PURPOSE SHIPMENT REPORT

To be completed by SHIPPER or RECEIVER (please check applicable box):

Name _____ Telephone _____

Address _____
 (Street, City, State, and Zip Code)

Received from:

Grower/Handler Name (indicate grower or handler)	<u>Sweet Cherry Variety</u>	<u>Pounds</u>

I certify to the Washington Cherry Marketing Committee, the USDA, and the Washington State Department of Agriculture that any shipments made pursuant to this Special Purpose Shipment Certificate will be made in accordance with the current regulations under Marketing Order No. 923, Chapter 16-414 WAC, Cherries, Chapter 16-461 WAC, Inspection Requirements for Fruit and Vegetables, and Chapter 16-463 WAC, Prohibiting the Sale and/or Movement of Infested Cherries. Further, I agree to forward assessments due on these cherries to the Committee office.

Signature _____ Date _____

NOTE: 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 0581-0189. The time required to complete this information collection is estimated to average 5 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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