

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FRUIT AND VEGETABLE PROGRAM		HANDLER REGISTRATION	Avocado Administrative Committee P.O. Box 900188 Homestead, FL 33090-0188 Tel: (305) 247-0848
1. In accordance with the authority granted by the Secretary of Agriculture for the marketing of avocados grown in South Florida, under Marketing Order No. 915, I hereby apply for registration as an avocado handler, consistent with 7 CFR § 915.120.			
2. NAME			
2a. HOME ADDRESS (City, County, State, and Zip Code)			
2b. BUSINESS ADDRESS (City, County, State, and Zip Code)			
2c. HOME TEL. NUMBER (include area code)		2d. BUSINESS TEL. NUMBER (include area code)	
3. ADDRESS WHERE FRUIT WILL BE PACKED			
4. NAME OF PERSON RESPONSIBLE FOR PACKING FRUIT			
5. FORM OF BUSINESS ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative			
IF INCORPORATED, IN WHAT STATE?			
6. NATURE OF BUSINESS <input type="checkbox"/> Handler <input type="checkbox"/> Trucker <input type="checkbox"/> Shipper <input type="checkbox"/> Gift fruit shipper			
7. NUMBER OF YEARS ENGAGED IN AVOCADO BUSINESS		8. ESTIMATED SEASONAL VOLUME OF AVOCADOS HANDLED	
9. NAME OF BUSINESS			
10. IF OTHER THAN INDIVIDUAL, GIVE NAMES AND ADDRESSES OF OFFICERS, PARTNERS, ETC.			
Name	Title	Address	
11. WILL YOU HANDLE ONLY FRUIT THAT YOU, YOURSELF, OWN AND GROW? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. NAME AND ADDRESS OF THREE REFERENCES, ONE OF WHICH SHALL BE A BANK			
Name	Address		
13. THE FOLLOWING FACILITIES ARE NEEDED FOR PACKING AVOCADOS, PLEASE INDICATE COMPLIANCE			
1. Permanent location:			
2. Facilities under cover:			
3. Proper lighting:			
4. Approved scales available:			

Mark "X" in appropriate block		
	YES	NO
14. DO YOU HAVE A CURRENT PERISHABLE AGRICULTURAL COMMODITIES ACT (PACA) LICENSE*?		
15. DO YOU HAVE A CURRENT FLORIDA DEALER'S LICENSE*?		
16. DO YOU HAVE A CURRENT FLORIDA AGRICULTURAL BOND*?		
17. DO YOU HAVE A CURRENT DADE COUNTY OCCUPATIONAL LICENSE*?		
18. HAVE YOU, OR OTHER PRINCIPALS IN YOUR BUSINESS, EVER BEEN CONVICTED OF A FELONY?		
19. ARE YOU AWARE OF FEDERAL MARKETING ORDER NO. 915 THAT GOVERNS THE MARKETING OF AVOCADOS GROWN IN SOUTH FLORIDA?		
20. HAVE YOU READ AND STUDIED THE REQUIREMENTS FOR U.S. GRADE STANDARDS OF AVOCADOS?		
21. DO YOU AGREE TO NOTIFY THIS OFFICE IMMEDIATELY IF THE ANSWER TO ANY OF THE PRECEDING QUESTIONS CHANGE OVER TIME?		
22. DO YOU UNDERSTAND THE CONDITIONS UNDER WHICH YOUR CERTIFICATE OF REGISTRATION MAY BE SUSPENDED OR REVOKED, AS OUTLINED IN 915.120 IN FEDERAL MARKETING ORDER NO. 915?		
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	
STATE OF FLORIDA, COUNTY OF _____ . Before me the undersigned authority, personally appeared _____ , who, being duly sworn, stated that he (she) is _____ of _____ , and that the statements contained herein are correct to the best of his (her) knowledge and belief.		
_____ NOTARY PUBLIC		
NOTE: The making of any false statements or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of Title 18, Section 1001, United States Code, which provides for a penalty of a fine or imprisonment, or both.		

* A copy must accompany application.

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