U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FRUIT AND VEGETABLE PROGRAM	A C PROI	AV DMI OMN DUCE CER	ATION TO THE VOCADO NISTRATIVE MITTEE FOR ERS EXEMPTION RTIFICATE	Avocado Administrative P.O Box 900188 Homestead, FL 33090-0 Tel: (305) 247-0848		ittee
DATE NUMBER OF FRUIT IN SAMPLE						
PRODUCER'S NAME				TEL. NUMBER (include area code)		
MAILING ADDRESS (City, County, State, and Zip Code)						
LOCATION OF GROVE (from established landmarks)						
VARIETY FOR WHICH EXEMPTION IS REQUESTED □ Details □ Current Regulation □ Requested Exemption						
SHIPPING DATE	WEIGHT			SIZE		
HANDLER'S NAME						
PRODUCER'S REASON FOR REQUESTING THIS EXEMPTION (If additional space is required, use back)						
ESTIMATED QUANTITY OF AVOCADOS FOR WHICH EXEMPTION IS REQUESTED						
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		
DO NOT WRITE BELOW THIS LINE						
COMMITTEE ACTION						
MATURITY SUBCOMMITTEE	YES	N O	AVOCADO ADMINI COMMITTEE	STRATIVE	YES	NO

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