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| **U.S. DEPARTMENT OF AGRICULTURE**AGRICULTURAL MARKETING SERVICEFRUIT AND VEGETABLE PROGRAM | **GROWER REGISTRATION** | Avocado Administrative Committee P.O Box 900188Homestead, FL 33090-0848Tel: (305) 247-0848 |
| DATE | DISTRICT\* |
| 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 of the U.S. Code, which provides for a penalty or a fine or imprisonment, or both. |
| 1. NAME\*\* | TEL. NO. (*include area code)* |
| MAILING ADDRESS *(City, County, State, and Zip Code)* |
| 2. NAME\*\* | TEL. NO. (*include area code)* |
| MAILING ADDRESS *(City, County, State, and Zip Code)* |
| LOCATION OF GROVE *(Legal)* |
| **CERTIFICATION STATEMENT**: I hereby certify that I have a proprietary interest in a commercial avocado grove containing not less than ten (10) fruit-bearing avocado trees, and that I am authorized to act at election meetings for any and all other persons with interest in such grove. |
| 1. SIGNATURE
 | DATE |
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 | DATE |
| **REGISTRATION NUMBER:** |
| \*District: 1 means Dade County; 2 means all counties south of the Production area boundaries except Dade.\*\*Name: Each legal entity will need to make available legal documents that substantiate that it is a corporation, partnership, or lessee. |

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 10 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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