

State of Washington Potato Committee P.O. Box 1815, Moses Lake, Washington 98837 Phone (509) 765-8845 / FAX (509) 765-4853

	SPECIAL PURPOSE SHIPMENT	REPORT		
	SPECIAL PURPOSE CER	TIFICATE NO		_
SHIPPED TO:				
ADDRESS:	CITY:_		STATE:	ZIP:
VARIETY	l .	IDENTIFICATION - OWN	ER LICENSES	
PURPOSE: (check one)		PREPEELING CHAR		DEHYDRATION
	SALAD FREEZING EXPERIMENTATION \Box	CANNING	SEED	
HUNDREDWEIGHT SHIPPED		HUNDREDWEIGHT RECEIVED		
DATE SHIPPED		DATE RECEIVED		
Is the Receiver the Process If not, who?	or? If not, who?	Are you the	Processor?	
Name		Name		
Address		Address		
If purpose is other than stat	ed by Shipper, specify:			
Agriculture that these potal current Marketing Order R stated. I realize that the mabe false, is a violation of til	to the Committee and the Secretary of coes are being shipped in accordance with egulations for use only for the purpose aking of a false statement, knowing it to the 18, section 1001, of the United States which provide for fine and	The undersigned acknowl Committee and the Secret will be used for the purpo a false statement, knowing section 1001, of the Unite provide for fine and impri	ary of Agriculture ses indicated. I re g it to be false, is d States Code, an	e that the above potatoes ealize that the making of a violation of title 18,
SHIPPER'S NAMEADDRESS		RECEIVER'S NAMEADDRESS		
SIGNATURE		SIGNATURE		
Instruction to Shipper: Fill out this report for each Special Purpose Shipment. Sign all five copies. Mail the original (white) copy to the State Committee Office. Second copy (green) must accompany the shipment. Forward the yellow and pink copies to the receiver. Retain the gold copy for your files. FAILURE TO COMPLY WILL RESULT IN CANCELLATION OF CERTIFICATES.		Instruction to Receiver: Upon receipt of these forms, promptly complete the Yellow copy and mail to the State Committee office. Retain the pink copy for your files. FAILURE TO COMPLY WILL RESULT IN CANCELLATION OF CERTIFICATES PERMITTING SHIPMENTS OF SPECIAL PURPOSE POTATOES TO YOUR FIRM.		

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