

FLORIDA TOMATO COMMITTEE

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 www.floridatomatoes.org

NO. _____

CERTIFICATE OF PRIVILEGE NO. _____

REPORT OF SPECIAL PURPOSE SHIPMENT UNDER CERTIFICATE OF PRIVILEGE

SHIPPED TO: _____

ADDRESS: _____ TELEPHONE: _____

Name of Carrier: _____ Truck License No. _____

PURPOSE: Pickling Canning Export Charity Other _____

No. of Containers Shipped _____ Container Wt. _____
 Maturity _____ Size _____ Grade _____
 Date Shipped _____ Loading Point _____

The undersigned Shipper certifies to the Florida Tomato Committee (Committee) and the Secretary of Agriculture that these tomatoes are being shipped in accordance with current Marketing Order regulations for use only for the purpose stated. Falsification of information on this government document may result in a fine, imprisonment, or both (18 U.S.C. 1001).

SHIPPER'S NAME _____
 Registered Handler No. _____ PACA Lic. No. _____

ADDRESS _____

SIGNATURE _____

Instructions to Shipper: Fill out this report for each Special Purpose Shipment. Sign all four copies. Inspector will mail the original (WHITE) copy to the Committee. Forward the BLUE and YELLOW copies to the receiver. Retain the PINK copy for your files. **FAILURE TO COMPLY WILL RESULT IN CANCELLATION OF CERTIFICATE.**

No. of Containers Received _____ Container Wt. _____
 Date Received _____ Unloading Point _____
 If used other than stated by Shipper, specify: _____

The undersigned Receiver acknowledges receipt of and certifies to the Committee and the Secretary of Agriculture that the above tomatoes will be used for the purpose indicated. Falsification of information on this government document may result in a fine, imprisonment, or both (18 U.S.C. 1001).

RECEIVER'S NAME _____

ADDRESS _____

SIGNATURE _____

Instructions to Receiver: Upon receipt of these forms, promptly complete the BLUE copy and mail to the Committee. Retain the YELLOW copy for your files. **FAILURE TO COMPLY WILL RESULT IN CANCELLATION OF CERTIFICATES PERMITTING SHIPMENTS OF SPECIAL PURPOSE TOMATOES TO YOUR FIRM.**

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 0581-0178. 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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