REPORT OF SPECIAL Avocado Administrative Committee U.S. DEPARTMENT OF AGRICULTURE **PURPOSE SHIPMENT** P.O. Box 900188 AGRICULTURAL MARKETING SERVICE Homestead, FL 33090-0188 UNDER CERTIFICATE OF SPECIALTY CROPS PROGRAM Tel: (305) 247-0848 **PRIVILEGE** SHIPPED TO ADDRESS (City, County, State, and Zip Code) TRUCK LICENSE NUMBER NAME OF CARRIER PURPOSE: ☐ Seed ☐ Charity (fresh) ☐ Processing NUMBERS OF CONTAINERS NUMBER OF CONTAINERS **CONTAINER** CONTAINER **SHIPPED** WEIGHT **RECEIVED** WEIGHT LOADING POINT DATE SHIPPED DATE RECEIVED UNLOADING POINT **CERTIFICATION STATEMENT:** The undersigned If used other than stated by Shipper, specify: certifies to the Committee and the Secretary of Agriculture that these avocados are being shipped in accordance with current Marketing Order Regulations for use only for the purpose stated. I realize that the **CERTIFICATION STATEMENT:** The undersigned making of a false statement, knowing it to be false, is a acknowledges receipt of and certifies to the Committee violation of Title 19, Section 1001, of the United States and the Secretary of Agriculture that the above avocados Code, among other statues, which provides for fine and will be used for the purpose indicated. I realize that the imprisonment. making of a false statement, knowing it to be false, is a NAME OF SHIPPER violation of Title 19, Section 1001, of the United States Code, among other statues, which provides for fine and REGISTERED HANDLER NUMBER (if applicable) imprisonment. NAME OF RECEIVER PACA LICENSE NUMBER (if applicable) ADDRESS (City, County, State, and Zip Code) ADDRESS (City, County, State, and Zip Code) SIGNATURE OF SHIPPER SIGNATURE OF RECIEVER **SHIPPER INSTRUCTIONS:** Fill out this report for each **RECEIVER INSTRUCTIONS:** Upon receipt of these Special Purpose Shipment. Sign all four (4) copies. Mail the forms, promptly complete the pink copy and mail to the original (white) copy to the Committee. Forward the yellow Committee. Retain the yellow copy for your files. FAILURE

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 OMB 0581-0189. The time required to complete this information collection is estimated to average 6 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.

TO COMPLY WILL RESULT IN CANCELLATION OF

CERTIFICATES PERMITTING SHIPMENTS OF

SPECIAL PURPOSE AVOCADOS TO YOUR FIRM.

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and pink copies to the receiver. Retain the gold copy for your files. FAILURE TO COMPLY CONSTITUTES A

VIOLATION OF MARKETING ORDER NO. 915.