

<b>U.S. DEPARTMENT OF AGRICULTURE</b> AGRICULTURAL MARKETING SERVICE SPECIALTY CROPS PROGRAM		<b>HANDLER</b> <b>REGISTRATION</b>		Avocado Administrative Committee P.O. Box 900188 Homestead, FL 33090-0188 Tel: (305) 247-0848	
1. In accordance with the authority granted by the Secretary of Agriculture for the marketing of avocados grown in South Florida, under Marketing Order No. 915, I hereby apply for registration as an avocado handler, consistent with 7 CFR § 915.120.					
2. NAME			2a. EMAIL ADDRESS		
2b. HOME ADDRESS (City, County, State, and Zip Code)					
2c. BUSINESS ADDRESS (City, County, State, and Zip Code)					
2d. HOME TEL. NUMBER (include area code)			2e. BUSINESS TEL. NUMBER (include area code)		
3. ADDRESS WHERE FRUIT WILL BE PACKED					
4. NAME OF PERSON RESPONSIBLE FOR PACKING FRUIT					
5. FORM OF BUSINESS ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative  IF INCORPORATED, IN WHAT STATE?					
6. NATURE OF BUSINESS <input type="checkbox"/> Handler <input type="checkbox"/> Trucker <input type="checkbox"/> Shipper <input type="checkbox"/> Gift fruit shipper					
7. NUMBER OF YEARS ENGAGED IN AVOCADO BUSINESS			8. ESTIMATED SEASONAL VOLUME OF AVOCADOS HANDLED		
9. NAME OF BUSINESS					
10. IF OTHER THAN INDIVIDUAL, GIVE NAMES AND ADDRESSES OF OFFICERS, PARTNERS, ETC.					
Name		Title		Address	
11. WILL YOU HANDLE ONLY FRUIT THAT YOU, YOURSELF, OWN AND GROW? <input type="checkbox"/> YES <input type="checkbox"/> NO					
12. NAME AND ADDRESS OF THREE REFERENCES, ONE OF WHICH SHALL BE A BANK					
Name			Address		

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 15 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.

13. THE FOLLOWING FACILITIES ARE NEEDED FOR PACKING AVOCADOS, PLEASE INDICATE COMPLIANCE			
a. Permanent location? Yes No		b. Facilities under cover? Yes No	
c. Proper lighting? Yes No		d. Approved scales available? Yes No	
Mark "X" in appropriate block			
			YES
			NO
14. DO YOU HAVE A CURRENT PERISHABLE AGRICULTURAL COMMODITIES ACT (PACA) LICENSE? <b>(A COPY MUST ACCOMPANY APPLICATION)</b>			
15. DO YOU HAVE A CURRENT FLORIDA DEALER'S LICENSE*?			
16. DO YOU HAVE A CURRENT FLORIDA AGRICULTURAL BOND*?			
17. DO YOU HAVE A CURRENT DADE COUNTY OCCUPATIONAL LICENSE*?			
18. HAVE YOU, OR OTHER PRINCIPALS IN YOUR BUSINESS, EVER BEEN CONVICTED OF A FELONY?			
19. ARE YOU AWARE OF FEDERAL MARKETING ORDER NO. 915 THAT GOVERNS THE MARKETING OF AVOCADOS GROWN IN SOUTH FLORIDA?			
20. HAVE YOU READ AND STUDIED THE REQUIREMENTS FOR U.S. GRADE STANDARDS OF AVOCADOS?			
21. DO YOU AGREE TO NOTIFY THIS OFFICE IMMEDIATELY IF THE ANSWER TO ANY OF THE PRECEEDING QUESTIONS CHANGE OVER TIME?			
22. DO YOU UNDERSTAND THE CONDITIONS UNDER WHICH YOUR CERTIFICATE OF REGISTRATION MAY BE SUSPENDED OR REVOKED, AS OUTLINED IN 915.120 IN FEDERAL MARKETING ORDER NO. 915?			
<b>CERTIFICATION OF STATEMENT:</b> 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
STATE OF FLORIDA, COUNTY OF _____, Before me the undersigned authority, personally appeared _____, who, being duly sworn, stated that he (she) is _____ of _____, and that the statements contained herin are correct to the best of his (her) knowledge and belief.			
_____ NOTARY PUBLIC			
<b>NOTE:</b> 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, United States Code, which provides for a penalty of a fine or imprisonment, or both.			

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Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.