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| **U.S. DEPARTMENT OF AGRICULTURE**  AGRICULTURAL MARKETING SERVICE  SPECIALTY CROPS PROGRAM | **APPLICATION TO THE AVOCADO ADMINISTRATIVE COMMITTEE FOR PRODUCERS EXEMPTION CERTIFICATE** | | | Avocado Administrative Committee  P.O Box 900188  Homestead, FL 33090-0848  Tel: (305) 247-0848 | | |
| DATE | NUMBER OF FRUIT IN SAMPLE | | | | | |
| PRODUCER’S NAME | | | | TEL. NUMBER (include area code) | | |
| MAILING ADDRESS (City, County, State, and Zip Code) | | | | EMAIL ADDRESS | | |
| LOCATION OF GROVE (from established landmarks) | | | | | | |
| VARIETY FOR WHICH EXEMPTION IS REQUESTED  □ Details □ Current Regulation □ Requested Exemption | | | | | | |
| SHIPPING DATE | WEIGHT | | | SIZE | | |
| HANDLER’S NAME | | | | | | |
| PRODUCER’S REASON FOR REQUESTING THIS EXEMPTION (If additional space is required, use back) | | | | | | |
| ESTIMATED QUANTITY OF AVOCADOS FOR WHICH EXEMPTION IS REQUESTED | | | | | | |
| **CERTIFICATION OF STATEMENT:** 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** | | |
| **DO NOT WRITE BELOW THIS LINE** | | | | | | |
| COMMITTEE ACTION | | | | | | |
| MATURITY SUBCOMMITTEE | YES | NO | AVOCADO ADMINISTRATIVE COMMITTEE | | YES | NO |
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