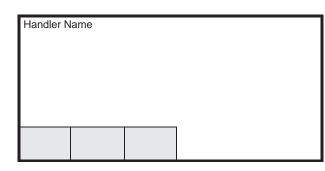
# XXX FEDERAL MILK ORDER XXX



#### Address: XXX Tel: XXX

# CALIFORNIA FMMO

# **BROKERAGE REPORT**

#### REPORT OF PRODUCT MOVEMENTS NOT OTHERWISE REPORTED

## Month/Year:

### DO NOT WRITE IN SHADED AREAS

#### OMB No. 0581- 0032

"This report is required by the Order in accordance with 7 U.S.C. 608c and d. Failure to report can result in the assessment of a civil penalty of up to \$1,000 per day (7 U.S.C. 608c (14)(B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14)(A))."

Report on this form all movements of bulk fluid milk products and fluid cream products made at your direction, for which you are not required to submit a plant report or a bulk tank unit report to the Market Administrator.

This report properly prepared and signed must be submitted to the above address on or before the of the month following the month for which the report is prepared.

| SHIPPER         |              |  |      | RECEIVER         |              |                |      | PRODUCT |      |                      |                               |                    |  |
|-----------------|--------------|--|------|------------------|--------------|----------------|------|---------|------|----------------------|-------------------------------|--------------------|--|
| Date<br>Shipped | Handler Name | Plant Location or Bulk<br>Tank Unit Name | Code | Date<br>Received | Handler Name | Plant Location | Code | Name    | Code | Pounds of<br>Product | Pounds of<br>Butterfat/Solids | Class              |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               |                    |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               |                    |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               |                    |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               |                    |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               |                    |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               | $\square$          |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               | $\square$          |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               | $\square$          |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               | $\square$          |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               | $\square$          |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               | $\square$          |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               | $\left  - \right $ |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               | $\left  \right $   |  |
|                 |              |  |      |                  |              |                |      |         |      |                      |                               |                    |  |

Shaded Area For Market Administrator Use Only

| SHIPPER   |  |  |   | RECEIVER  |  |                |      | PRODUCT |      |                      |                               |       |  |
|---|--|--|---|---|--|----------------|------|---------|------|----------------------|-------------------------------|-------|--|
| Date<br>Shipped   | Handler Name   | Plant Location or Bulk<br>Tank Unit Name |   | Date<br>Received  | Handler Name                                     | Plant Location | Code | Name    | Code | Pounds of<br>Product | Pounds of<br>Butterfat/Solids | Class |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  |  |   |   |  |                |      |         |      |                      |                               |       |  |
| For Market Administrator Use Only Operator  |  |  | 1 | The information provided is complete and accurate to the best of my knowledge and belief. |  |                |      |         |      |                      |                               |       |  |
| Operator  |  | Handler's Name:                          |   |   |  |                |      |         |      |                      |                               |       |  |
|   |  | Signed by:                               |   |   | (Person authorized to sign on behalf of handler) |                |      |         |      |                      |                               |       |  |
|   |  |  |   | Title:  |  |                |      | Date:   |      |                      |                               |       |  |
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