

XXX FEDERAL MILK ORDER XXX

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))."

Handler Name
<div style="width: 30%; border: 1px solid black; height: 20px;"></div> <div style="width: 30%; border: 1px solid black; height: 20px;"></div> <div style="width: 30%; border: 1px solid black; height: 20px;"></div>

Address: XXX
 Tel: XXX

**CALIFORNIA FMMO
 BROKERAGE REPORT**

REPORT OF PRODUCT MOVEMENTS NOT OTHERWISE REPORTED

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.

Month/Year: _

DO NOT WRITE IN SHADED AREAS

SHIPPER			RECEIVER				PRODUCT					
Date Shipped	Handler Name	Plant Location or Bulk Tank Unit Name	Code	Date Received	Handler Name	Plant Location	Code	Name	Code	Pounds of Product	Pounds of Butterfat/Solids	Class

Shaded Area For Market Administrator Use Only

SHIPPER				RECEIVER			PRODUCT					
Date Shipped	Handler Name	Plant Location or Bulk Tank Unit Name	Code	Date Received	Handler Name	Plant Location	Code	Name	Code	Pounds of Product	Pounds of Butterfat/Solids	Class

<p>For Market Administrator Use Only</p> <p style="text-align: right;">Operator 1</p>	
<p style="text-align: right;">Operator 2</p>	

The information provided is complete and accurate to the best of my knowledge and belief.

Handler's Name: _____

Signed by: _____
(Person authorized to sign on behalf of handler)

Title: _____ Date: _____

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 0581-0032. 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.

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