

CALIFORNIA DESERT GRAPE ADMINISTRATIVE COMMITTEE

82901 Bliss Avenue
 Indio, CA 92201
 Phone: (760) 342-4385
 Fax: (760) 342-0485
 Email: desertgrape@verizon.net

END-OF-SEASON SHIPMENT REPORT

Handler Address City, State, Zip Code

Grower Address City, State, Zip Code

Reporting Period: _____ Date of First Shipment to Date of Last Shipment

Please list all grape shipments				Total Number of Lugs Shipped (Pounds)				
Invoice Number	Shipping Date	Variety Name	Destination City, State	10 lbs	12 lbs	16 lbs	18 lbs	20 lbs
Totals								

The undersigned declares under penalty of perjury that the foregoing is true and correct.

Handler Name Handler Signature Date

The making of a false statement or representation on this form, knowing it to be false, is a violation of Title 18, section 1001 of the United States Code, which provides for a penalty of a fine or imprisonment, or both. This report is required by law. (7 U.S.C. 608(d)) Failure to report can result in a fine for each such violation, and each day during which such violation continues shall be deemed a separate violation.

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 30 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.

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