ALMOND BOARD OF CALIFORNIA

1150 9th Street, Suite 1500

Modesto, CA 95354

Tel: (209) 549-8262 Fax: (209) 550-5494

**TRANSFER OF UNPROCESSED ALMONDS**

**PART A – Transferring Handler to Complete**

**Instructions:**

1. The transferring handler must complete an original and two copies of Part A of this form.
2. Retain the *green* copy for your records.
3. Forward the *yellow* and *white* copies to the receiving handler.

I am transferring the following lot(s) of unprocessed almonds: Date of Transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

|  |  |  |
| --- | --- | --- |
| Original USDA Certificate No. | Total Pounds | Inedibles |
|  |  |  |
|  |  |  |

The undersigned hereby certifies to the Almond Board of California (ABC) and the Secretary of Agriculture, that the information on this report is complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transferring Handler By

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Title

**PART B – Receiving Handler to Complete**

**Instructions:**

1. The receiving handler must complete Part B of this form.
2. Retain the *yellow* copy for your records.
3. Forward the original white copy to the ABC.

I am accepting the following lot(s) of unprocessed almonds, and have assumed the inedible disposition obligation on this/these lot(s):

|  |  |  |
| --- | --- | --- |
| New USDA Certificate No. (attach copy) | Total Pounds | Inedibles |
|  |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Handler By

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Title

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 0581-0178. 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 of information.

**PART C – ABC Approval**

**Instructions:**

1. The ABC must complete part C of this form.
2. Copies are to be sent to the transferring and receiving handlers.

The above transfer is hereby approved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABC Staff Title Date

This report is submitted to adjust handler inedible disposition obligations(s) and receipts reports. It is in compliance with sections 981.42, 981.55, and 981.72 of Marketing Order No. 981.

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