U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE SPECIALTY CROPS PROGRAM

I. KE	EPORTING FIELD OFFICE	
2. DA	ATE	
3. CA	ASE NUMBER	

CIVIL PENALTY STIPULATION AGREEMENT

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial

tatus, parental status, religion, sexual orientation, genetic information, political prohibited bases apply to all programs.) Persons with disabilities who require a "ARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrin procall (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opporture.	alternative means for communication of program informination, write to USDA, Director, Office of Civil Rights,	mation (Braille, large print	, audiotape, etc.) should contact USDA's
SECTION I - INV	ESTIGATOR'S REPORT (Please type o	r print)	
4. NAME AND ADDRESS OF ALLEGED VIOLATOR		5. REGULATION ALLEGEDLY VIOLATED	
		6. DATE OF VIOLATION	ON
7. DESCRIPTION OF VIOLATION			
8. PREVIOUS VIOLATION			
9. REMARKS			
0. INVESTIGATOR'S NAME	11. INVESTIGATOR'S SIGNATURE		12. DATE
SECTION II - STIPUL	LATION OFFER (To be completed by AM	MS Official)	
Title 7, United States Code, Section 601-674 of the Agricultur benalty per violation against any person who violates the regul luring which such violation continues shall be deemed a sepa Illeged violation if you waive your right to notice and an op	ulations cited in Item 5 above, after notice a rate violation. However, AMS will agree to poportunity for a hearing and agree to pa	and opportunity for hodiscontinue further	nearing on the record. Each day action with regard to thisin
ettlement of this matter. If you do not wish to settle this matt affording you an opportunity for a hearing. You should be avelevant in any respect to the civil penalty which may be asses	ware, however, that the amount offered h		
3. AMS OFFICIAL SIGNATURE			14. DATE
SECTION III - STIPULA CERTIFICATION STATEMENT: I certify that I have been adv in full settlement.	ATION AGREEMENT (To be completed rised of my right to a hearing in this matter		aring. I agree to pay the sum of
5. SIGNATURE			16. DATE
			l

COPY 2 - RETURN TO AMS UPON COMPLETION

COPY 3 - RECEIVER COPY