

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE SPECIALTY CROPS PROGRAM	APPLICATION TO THE AVOCADO ADMINISTRATIVE COMMITTEE FOR PRODUCERS EXEMPTION CERTIFICATE		Avocado Administrative Committee P.O. Box 900188 Homestead, FL 33090-0848 Tel: (305) 247-0848		
DATE	NUMBER OF FRUIT IN SAMPLE				
PRODUCER'S NAME			TEL. NUMBER (include area code)		
MAILING ADDRESS (City, County, State, and Zip Code)			EMAIL ADDRESS		
LOCATION OF GROVE (from established landmarks)					
VARIETY FOR WHICH EXEMPTION IS REQUESTED <input type="checkbox"/> Details <input type="checkbox"/> Current Regulation <input type="checkbox"/> Requested Exemption					
SHIPPING DATE	WEIGHT		SIZE		
HANDLER'S NAME					
PRODUCER'S REASON FOR REQUESTING THIS EXEMPTION (If additional space is required, use back)					
ESTIMATED QUANTITY OF AVOCADOS FOR WHICH EXEMPTION IS REQUESTED					
CERTIFICATION OF STATEMENT: I (we) hereby agree to comply with all of the requirements of the Marketing Order regulating the handling of avocados grown in the Florida production area and with all the rules and regulations issued thereunder.					
SIGNATURE OF APPLICANT				DATE	
DO NOT WRITE BELOW THIS LINE					
COMMITTEE ACTION					
MATURITY SUBCOMMITTEE	YES	N O	AVOCADO ADMINISTRATIVE COMMITTEE	YES	NO

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