Avocado Administrative Committee U.S. DEPARTMENT OF AGRICULTURE **GROWER** P.O Box 900188 AGRICULTURAL MARKETING SERVICE Homestead, FL 33090-0848 REGISTRATION SPECIALTY CROPS PROGRAM Tel: (305) 247-0848 DATE DISTRICT* The making of any false statements or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of Title 18, Section 1001 of the U.S. Code, which provides for a penalty or a fine or imprisonment, or both. 1. NAME** TEL. NO. (include area code) MAILING ADDRESS (City, County, State, and Zip Code) **EMAIL ADDRESS** 2. NAME** TEL. NO. (include area code) MAILING ADDRESS (City, County, State, and Zip Code) **EMAIL ADDRESS** LOCATION OF GROVE (Legal) **CERTIFICATION STATEMENT**: I hereby certify that I have a proprietary interest in a commercial avocado grove containing not less than ten (10) fruit-bearing avocado trees, and that I am authorized to act at election meetings for any and all other persons with interest in such grove. **SIGNATURE** DATE SIGNATURE DATE

REGISTRATION NUMBER:

*District: 1 means Dade County; 2 means all counties south of the Production area boundaries except Dade.

**Name: Each legal entity will need to make available legal documents that substantiate that it is a corporation, partnership, or lessee.

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