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| **U.S. DEPARTMENT OF AGRICULTURE**  AGRICULTURAL MARKETING SERVICE  SPECIALTY CROPS PROGRAM | **APPLICATION FOR REGISTRATION AS AVOCADO PROCESSOR** | | | | Avocado Administrative Committee  P.O. Box 900188  Homestead, FL 33090-0188  Tel: (305) 247-0848 |
| Any person who desires to buy, as an approved manufacturer of avocado products, avocados for commercial processing, shall, prior thereto, submit to the Avocado Administrative Committee an application containing the following information (7 CFR § 915.141): | | | | | |
| NAME OF APPLICANT | | | | | |
| MAILING ADDRESS *(City, County, State, and Zip Code)* | | | EMAIL ADDRESS | | |
| REGISTERED AVOCADO HANDLER’S NUMBER | | LOCATION OF PROCESSING FACILITIES | | | |
| TYPE OF PRODUCT OR PRODUCTS TO BE MADE OR DERIVED FROM AVOCADOS | | | | | |
| DESCRIPTION OF FACILITIES FOR PROCESSING AVOCADOS | | | | | |
| STATE QUANTITY OF AVOCADOS PROCESSED DURING THE PREVIOUS YEAR | | ESTIMATED QUANTITY OF AVOCADOS TO BE PROCESSED DURING THE CURRENT YEAR | | | |
| FROM WHAT SOURCE DO YOU EXPECT TO RECEIVE AVOCADOS FOR PROCESSING? | | | | | |
| HOW WILL THE AVOCADOS BE TRANSPORTED | | | | | |
| WHERE WILL THE UNLOAD POINT BE? | | | | | |
| **CERTIFICATION STATEMENT**: I hereby state that all the avocados obtained for processing into products will be used for that purpose only and will not be resold or disposed of in fresh fruit channels, and I agree to report such reports as are required by the Avocado Administrative Committee. | | | | | |
| NAME OF FIRM | | | | | |
| SIGNATURE AND TITLE | | | | DATE | |

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