# **Inter-Handler Transfer Report**

Handlers transferring pistachios to another handler within the production area shall complete this form for submission to the Administrative Committee for Pistachios (ACP). The ACP uses this report to track compliance with FMO §983.150 (aflatoxin regulations) and prevent duplication of reported shipments. Inter-handler transfers are also reported by transferring and receiving handlers on line 5 of ACP-7 (Monthly Inventory/Shipment Report).

### **Instructions: Transferring Handler**

Complete this form and sign as transferring handler. Forward the original and a copy to the receiving handler. Submit a copy to the ACP within 30 days of the transfer.

#### **Instructions: Receiving Handler**

Sign the original form provided by the transferring handler. Submit the signed original ACP-5 to the ACP within 30 days of the transfer.

#### **Submit to:**

Administrative Committee for Pistachios 499 West Shaw Avenue, Suite 140 Fresno, California 93704

Phone: (559) 255-6480 Fax: (559) 255-6485

Email: admin@acpistachios.org

Handlers are responsible for keeping copies of the completed forms for their records.

## Transferring Handler: record up to three transfers to the named receiving handler.

| Date of Transfer | Lot Description | Lot ID/Marks | Weight (Pounds) | Inspected<br>(circle)<br>Yes No |
|------------------|-----------------|--------------|-----------------|---------------------------------|
| Date of Transfer | Lot Description | Lot ID/Marks | Weight (Pounds) | Inspected<br>(circle)<br>Yes No |
| Date of Transfer | Lot Description | Lot ID/Marks | Weight (Pounds) | Inspected<br>(circle)<br>Yes No |

| Transferring Handler Name | Handler Representative First and Last Name | Title          |
|---------------------------|--|----------------|
|                           |  |                |
|                           | Transferring Handler Signature             | Signature Date |
|                           |  |                |
| Receiving Handler Name    | Handler Representative First and Last Name | Title          |
|                           |  |                |
|                           | Receiving Handler Signature                | Signature Date |
|                           |  |                |

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