

**CALIFORNIA DESERT GRAPE ADMINISTRATIVE COMMITTEE**

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**END-OF-SEASON SHIPMENT REPORT**

Handler	Address	City, State, Zip Code
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Grower	Address	City, State, Zip Code
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Reporting Period: _____	Date of First Shipment	to	Date of Last Shipment
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Please list all grape shipments				Total Number of Lugs Shipped by Lug Weight					
Invoice Number	Shipping Date	Variety Name	Destination City, State	10 lbs	12 lbs	15 lbs	16 lbs	18 lbs	20 lbs
<b>(Insert additional lines, if needed) Totals</b>									

The undersigned declares under penalty of perjury that the foregoing is true and correct.

Handler Name	Handler Signature	Date
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The making of a false statement or representation on this form, knowing it to be false, is a violation of Title 18, section 1001 of the United States Code, which provides for a penalty of a fine or imprisonment, or both. This report is required by law. (7 U.S.C. 608(d)) Failure to report can result in a fine for each such violation, and each day during which such violation continues shall be deemed a separate violation.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB 0581-0189. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**CDGAC-3 (Exp. 01/31/2027. Destroy previous editions.)**

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