REPRODUCE LOCALLY. Include form number and date on all reproductions.

OMB No. 0581-0189

REPORT OF SPECIAL

Avanda Administrativa Committas

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE SPECIALTY CROPS PROGRAM		PURPOSE SHIPMENT UNDER CERTIFICATE OF PRIVILEGE		P.O. Box 900188 Homestead, FL 33090-0188 Tel: (305) 247-0848			
SHIPPED TO							
ADDRESS (City, County, S	tate, and Zi _l	o Code)					
NAME OF CARRIER				TRUCK LICENSE NUMBER			
PURPOSE: □ Seed		Charity (fresh)	□ Processing				
NUMBERS OF CONTAINERS		CONTAINER	NUMBER OF CONTAINERS CONTAIN		CONTAINER		
SHIPPED		WEIGHT	RECEIVED			WEIGHT	
DATE SHIPPED	LOADING	G POINT	T DATE RECEIVED UNI		UNLOAD	NLOADING POINT	
CERTIFICATION STATEMENT: The undersigned certifies to the Committee and the Secretary of Agriculture that these avocados are being shipped in accordance with current Marketing Order Regulations for use only for the purpose stated. I realize that the making of a false statement, knowing it to be false, is a violation of Title 19, Section 1001, of the United States Code, among other statues, which provides for fine and imprisonment. NAME OF SHIPPER REGISTERED HANDLER NUMBER (if applicable)			CERTIFICATION STATEMENT: The undersigned acknowledges receipt of and certifies to the Committee and the Secretary of Agriculture that the above avocados will be used for the purpose indicated. I realize that the making of a false statement, knowing it to be false, is a violation of Title 19, Section 1001, of the United States Code, among other statues, which provides for fine and imprisonment.				
PACA LICENSE NUMBER (if applicable)			NAME OF RECEIVER				
ADDRESS (City, County, State, and Zip Code)			ADDRESS (City, County, State, and Zip Code)				
SIGNATURE OF SHIPPER			SIGNATURE OF RECIEVER				
SHIPPER INSTRUCTIONS: Fill out this report for each Special Purpose Shipment. Sign all four (4) copies. Mail the original (white) copy to the Committee. Forward the yellow and pink copies to the receiver. Retain the gold copy for your files. FALLURE TO COMPLY CONSTITUTES A			RECEIVER INSTRUCTIONS: Upon receipt of these forms, promptly complete the pink copy and mail to the Committee. Retain the yellow copy for your files. FAILURE TO COMPLY WILL RESULT IN CANCELLATION OF CEPTIFICATES PERMITTING SHIPMENTS OF				

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 6 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.

SPECIAL PURPOSE AVOCADOS TO YOUR FIRM.

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VIOLATION OF MARKETING ORDER NO. 915.