KIWIFRUIT ADMINISTRATIVE COMMITTEE

APPLICATION FOR INSPECTION
(Waiver Form)

SECTION I (To be completed by shipper)

To:  (Federal-State Inspection Program)

I hereby request inspection of __________________________ of __________________________

of __________________________ on __________________________ at __________________________

between the hours of __________________________. If inspection is not available and a waiver is issued to
cover the above-described fruit, I will certify that it will meet all requirements of the Kiwifruit
Administrative Committee.

________________________________________  ______________________

(Date)      (Name)

(Address)

SECTION II (To be completed by the Federal-State Inspection Program)

This will acknowledge your request for inspection. Inspection cannot be performed at the time and place
specified and you are hereby assigned waive number: W-________________________

To cover the fruit for which you requested inspection. You are reminded that you must report all
shipments of fruit controlled by the Kiwifruit Administrative Committee, including those that move under
waiver to the Kiwifruit Administrative Committee, 1521 “I” Street, Sacramento, CA  95814.

________________________________________  ______________________

(Date)      (Name)

FEDERAL-STATE INSPECTION PROGRAM

________________________________________ Office

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