

SPSC# _____

WASHINGTON CHERRY MARKETING COMMITTEE105 S. 18th STREET, SUITE 205

YAKIMA, WA 98901-2149

TELEPHONE: (509) 453-4837

FAX: (509) 453-4880

SPECIAL PURPOSE SHIPMENT REPORT**To be completed by ☐ SHIPPER or ☐ RECEIVER (please check applicable box):**

Name _____

Telephone _____

Address _____

(Street, City, State, and Zip Code)

Received from:

Grower/Handler Name (indicate grower or handler)	Sweet Cherry Variety	Pounds

I certify to the Washington Cherry Marketing Committee, the U.S. Department of Agriculture, and the Washington State Department of Agriculture that any shipments made pursuant to this Special Purpose Shipment Certificate will be made in accordance with the current regulations under Marketing Order No. 923, Chapter 16-414 WAC, Cherries, Chapter 16-461 WAC, Inspection Requirements for Fruit and Vegetables, and Chapter 16-463 WAC, Prohibiting the Sale and/or Movement of Infested Cherries. Further, I agree to forward assessments due on these cherries to the Committee office.

Signature _____

Date _____

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