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| U.S. DEPARTMENT OF AGRICULTURE<br>AGRICULTURAL MARKETING SERVICE<br>SPECIALTY CROPS PROGRAM   |  | <b>REPORT OF SPECIAL<br/>                 PURPOSE SHIPMENT<br/>                 UNDER CERTIFICATE OF<br/>                 PRIVILEGE</b> |   | Avocado Administrative Committee<br>P.O. Box 900188<br>Homestead, FL 33090-0188<br>Tel: (305) 247-0848 |                  |
| SHIPPED TO  |  |   |   |  |                  |
| ADDRESS (City, County, State, and Zip Code)   |  |   |   |  |                  |
| NAME OF CARRIER   |  |   |   | TRUCK LICENSE NUMBER   |                  |
| PURPOSE: <input type="checkbox"/> Seed <input type="checkbox"/> Charity (fresh) <input type="checkbox"/> Processing   |  |   |   |  |                  |
| NUMBERS OF CONTAINERS SHIPPED   |  | CONTAINER WEIGHT  | NUMBER OF CONTAINERS RECEIVED   |  | CONTAINER WEIGHT |
| DATE SHIPPED  |  | LOADING POINT   | DATE RECEIVED   |  | UNLOADING POINT  |
| <b>CERTIFICATION STATEMENT:</b> 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. |  |   | If used other than stated by Shipper, specify:  |  |                  |
| NAME OF SHIPPER   |  |   | <b>CERTIFICATION STATEMENT:</b> 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. |  |                  |
| REGISTERED HANDLER NUMBER (if applicable)   |  |   |   |  |                  |
| 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   |  |                  |
| <b>SHIPPER INSTRUCTIONS:</b> 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. <b>FAILURE TO COMPLY CONSTITUTES A VIOLATION OF MARKETING ORDER NO. 915.</b>   |  |   | <b>RECEIVER INSTRUCTIONS:</b> Upon receipt of these forms, promptly complete the pink copy and mail to the Committee. Retain the yellow copy for your files. <b>FAILURE TO COMPLY WILL RESULT IN CANCELLATION OF CERTIFICATES PERMITTING SHIPMENTS OF SPECIAL PURPOSE AVOCADOS TO YOUR FIRM.</b>  |  |                  |

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