

KIWIFRUIT ADMINISTRATIVE COMMITTEE

**APPLICATION FOR INSPECTION
(Waiver Form)**

SECTION I (To be completed by shipper)

To: (Federal-State Inspection Program)
_____ Office

I hereby request inspection of _____ of _____
(No. & type of containers) (Variety)
of _____ on _____ at _____
(Fruit) (Date) (Place)
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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