

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
FRUIT AND VEGETABLE PROGRAMS

AVOCADO ADMINISTRATIVE COMMITTEE
CERTIFICATE OF EXEMPTION

Pursuant to the Marketing Agreement and Order regulating the handling of avocados grown in South Florida, and upon the basis of the evidence submitted to, and the determination made by, the Avocado Administrative Committee (Committee), as provided in said Marketing Agreement and Order, there is hereby granted to \_\_\_\_\_, Florida, a producer of avocados, an exemption from the regulation issued pursuant to said authority regulating maturity which will permit said producer to ship or handle the avocados herein specified:

Variety \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_
Quantity \_\_\_\_\_ Not to be shipped before \_\_\_\_\_
Location of Grove \_\_\_\_\_

This Certificate of Exemption may be transferred by said producer to any purchaser of said fruit, and the benefits of this Exemption shall be applicable to such purchases, provided that such purchaser gives notice to the Committee of such transfer, including number and sizes of packages involved, prior to the time that the fruit covered herein is shipped, and provided further that this Certificate has been properly completed by the producer and signed before a commissioned notary public. This Certificate shall be surrendered to the Federal State Inspection Service for cancellation upon completion of inspection of the subject avocados.

Issued on \_\_\_\_\_ 20\_\_\_\_ upon the direction of the Committee.

\_\_\_\_\_  
Committee Administrator Date

All avocados offered pursuant to this Certificate of Exemption conform to the above specifications and were produced in the location shown above. This exemption is hereby transferred to \_\_\_\_\_ (Name of Handler), whose address is \_\_\_\_\_.

\_\_\_\_\_  
Signature of Avocado Grower

State of Florida; County of \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who, being duly sworn, states that he(she) is \_\_\_\_\_ (Name of Handler) of \_\_\_\_\_ (Name of Firm or Corporation), and that the statements herein contained are correct to the best of his(her) knowledge and belief.

SEAL

\_\_\_\_\_  
Notary Public

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