



Avocado Inspection Program Monthly Remittance Form

Handler: _____

Address: _____

City & Zip Code: _____

Phone Number: _____

THE ABOVE PACKER/HANDLER IS HEREBY REMITTING AVOCADO INSPECTION AND
CERTIFICATION FEES FOR THE FOLLOWING:

	MONTH:	
POUNDS CERTIFIED:	@ \$0.25 PER 100LBS.	\$
INFORMAL TESTS:	@ \$2.00 PER FRUIT	\$
SUNDAY CHARGE:	@ \$33.00 PER HOUR	\$
OVERTIME CHARGE AFTER 5 P.M.:	@ \$9.00 PER HOUR	\$
MILEAGE CHARGE:	@ \$0.56 PER MILE	\$
STANDARD HOURLY CHARGE:	@ \$33.00 PER HOUR	\$
	TOTAL:	\$

I hereby certify that to the best of my knowledge and belief, this report is true and complete. I understand that records from which this report was compiled are subject to AUDIT by the Department of Food and Agriculture per section 44984 of the Food and Agriculture Code.

Signature of Person Authorized to Certify Report: _____ Title: _____ Date: _____

DUE DATE: In accordance with section 44975 of the Food and Agriculture Code, fees shall be paid no later than the 10th DAY of the month following the month for which the fee is payable. Handlers who fail to pay the fee within the prescribed time shall pay a penalty of 10 percent of the amount due, and in addition, 1.5 percent interest per month.

PLEASE SEND MONTHLY REMITTANCE (**PAYABLE TO INSPECTION PROGRAM**)
AND 2 COPIES OF THIS COMPLETED REMITTANCE FORM TO:
AVOCADO INSPECTION PROGRAM
DEPT LA 23744
PASADENA CA, 91185-3744