# CALIFORNIA DATE ADMINISTRATIVE COMMITTEE

P.O. Box 1736

Indio, CA 92202-1736

Growers and Handlers

Tel: (760) 347-4510 Fax: (760) 347-6374

#### **DELIVERY MANIFEST**

| Growers and ramarers.          |                                 |                        |  |  |
|--------------------------------|---------------------------------|------------------------|--|--|
| 1. Account:                    | Date of Loading:                |                        |  |  |
| (Person o                      | r firm to receive               | payment for surplus o  | covered by this manifest)  |  |
| 2. Location of Loading:        | •                               |                        | • •  |  |
|                                | (Where this load was picked up) |                        |  |  |
| 3 If field surplus location by | garden where a                  |                        | mis toda was prened up)  |  |
|                                |                                 |                        |  |  |
| _                              |                                 |                        |  |  |
| 5. Loading:                    | <u> </u>                        | D 1                    | The state with the state of the |  |
|                                | Containers Dumped               |                        | Estimated Net Weight This Load   |  |
|                                | Type                            | Number                 |  |  |
|                                |                                 |                        |  |  |
|                                | •                               |                        |  |  |
| 6. By:                         |                                 |                        |  |  |
| о. ву.                         | (Signa                          | ture of person in chai | rge of this loading)   |  |
| Driver Information:            | (Bigita                         | iure of person in enar | ge of this totality  |  |
|                                |                                 |                        |  |  |
| 1. Name of Carrier:            |                                 |                        |  |  |
|                                | Trailer:                        |                        |  |  |
| 3. If Surplus is dumped into t | oins, how many b                | oins to this loading:  |  |  |
| The Surplus dates described h  | erein subject to a              | adjustment of weight   | in accordance with the weighmaster's certificate we  |  |
| received on behalf of:         |                                 |                        |  |  |
|                                | (Name                           | of firm purchasing th  | ne surplus dates)  |  |
|                                | ,                               | 00 1                   | ,  |  |
| Driver's Signature:            |                                 |                        | Date:  |  |
| Direct 5 Digitature.           |                                 |                        | Date:  |  |

The making of a false statement or representation on this form, knowing it to be false, is a violation of title 18, section 1000 of the United States Code, which provides for the penalty of a fine or imprisonment, or both. This report is required by law (7 USC 608(d), 7 CFR 987.51, 987.151). Failure to report can result in a fine for each violation and each day during which such violation continues shall be deemed a separate violation.

## **INSTRUCTIONS:**

# **Driver:**

- 1. Request that the person in charge of this loading to complete the "Grower and Handler" section.
- 2. You complete the "Driver" section.
- 3. Give the DUPLICATE and TRIPLICATE copies to the person in charge of the loading.
- 4. Proceed to public weighmaster's scale, weigh the load, and attach two copies of the weighmaster's certificate to the ORIGINAL copy, and fax to the California Date Administrative Committee (Committee) within 24 hours of the surplus pickup from the grower or handler.
- 5. Retain the QUADRUPLICATE copy for your records.

### **Growers and Handlers:**

1. The DUPLICATE copy is your record of surplus dates delivered to the Committee, who will mail you a receipt covering this load, showing the net poundage you have delivered as certified by the public weighmaster. If you do not receive the receipt within 7 days, notify the Committee. The TRIPLICATE copy is an extra copy for your records.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0178. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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