STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
MILK POOLING BRANCH

HANDLER'S MONTHLY REPORT

210-017B (EST. 9-99)

Enter Handler Number: _____

PRODUCER-MEMBER SHIPMENTS
DIVERSIONS ONLY

POOLING CERT. NUMBER	PRODUCER NAME *nclude your own production, if any*	NAME OF HANDLER DIVERTED TO	HANDLER NUMBER	TOTAL POUNDS (Excluding Degraded and Rejected Milk and Diversions)		
				PRODUCT	FAT	SNF