CERTIFICATE OF MOVEMENT OF COTTONSEED PRODUCTS

Signature of Originator or Authorized Agent

Phone Number:

513-074 (Rev. 12/2021)

State of California Department of Food and Agriculture Feed, Fertilizer and Livestock Drugs Regulatory Services Branch 1220 N Street, Sacramento, CA 95814 (916) 900-5022

Signature of Recipient

Date:



					No.:
TYPE	OF PRODUCT (check one):	Whole Cottonsee	d C	Cottonseed Meal	Cottonseed Hulls
PURPOSE OF ENTRY (check one):		Feed Use: This certificate must be accompanied by a certificate of sample and testing showing 20 ppb or less Aflatoxins. Complete the following:			
		Sample No.:		Laboratory No	o.:
		Fertilizer Use			
		Detoxification: At a site approved by the California Department of Food and Agriculture.			
		Transit Through California For Export: If product is to be transferred before export out of California, specify the place of transfer:			
		Name:			
		Address:			
SITE	OF ORIGIN (Gin or Oil Mill)				
	Name:				
	Address:				
CONSIGNER(S) (Gin, Oil Mill or Broker)					
(1)	Name:				
	Address:				
(2)	Name:				
	Address:				
DESTINATION (Acknowledge receipt below and forward copy to the California Department of Food and Agriculture)					
	Name:				
	Address:				
Invoid	e/Bill of Lading No.:	Dat	e:	Wt. Ce	rt. No.:
Weight (pounds):		Car	rier:		
	ify that the above information is nent is in compliance with all ap				owledge and this
Printe	ed Name	Prin	nted Na	ame	