



**Walton County Extension Office**  
**732 N. 9th Street**  
**DeFuniak Springs, FL 32433**



## Grower's Certificate

DATE _____
<p>I, _____ hereby swear that I am a gardener or vegetable and fruit producer in the county of _____ State of _____. Produce offered for sale has been produced on my farm or garden.</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">Signature of Farmer</p>

### IFAS Extension Service

This is to certify that \_\_\_\_\_ is a grower of the following crops: Farmer


Grower's Address is: \_\_\_\_\_  
 \_\_\_\_\_

Grower's phone number is: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Farmer

\_\_\_\_\_  
 Signature of Extension Agent