

**EXEMPTION CERTIFICATE
CERTAIN POWER FARM EQUIPMENT, REPAIRS, PARTS, OR ACCESSORIES**

This is to certify that the power farm equipment, repairs, parts, or accessories described below, purchased or repaired on or after _____ (date) from _____ (Selling Dealer's Business Name) is purchased, repaired, leased, licensed, or rented for the following purpose:

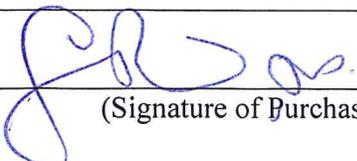
- () Power farm equipment or irrigation equipment for exclusive use in the agricultural production of crops or products, as produced by those agricultural industries included in s. 570.02(1), F.S., or
- () Power farm equipment or irrigation equipment for exclusive use in fire prevention and suppression work for such crops or products, as produced by those agricultural industries included in s. 570.02(1), F.S., or
- () Repairs to, or parts and accessories for, qualifying power farm equipment or irrigation equipment for exclusive use in the agricultural production of crops or products, as produced by those agricultural industries included in s. 570.02(1), F.S., or
- () Repairs to, or parts and accessories for, qualifying power farm equipment or irrigation equipment for exclusive use in fire prevention and suppression work for such crops or products, as produced by those agricultural industries included in s. 570.02(1), F.S.

POWER FARM EQUIPMENT:

I understand that if I use the equipment for any purpose other than the ones stated above, I must pay tax on the purchase or lease price of the taxable item directly to the Department of Revenue. I understand that if I fraudulently issue this certificate to evade the payment of sales tax, I will be liable for payment of the sales tax plus a penalty of 200% of the tax and may be subject to conviction of a third-degree felony.

The exemption specified by the purchaser may be verified by calling 800-352-3671.

Purchaser's Name: Pero Family Farms LLC
Purchaser's Address: 14095 State Road 7, Delray Beach, FL 33446
Name and Title of Purchaser's Authorized Representative: _____

By: 
(Signature of Purchaser or Authorized Representative)

Date: _____