U.S. DEPARTMENT OF AGRICULTURE (USDA)
AGRICULTURAL MARKETING SERVICE
FRUIT AND VEGETABLE PROGRAMS

Idaho-Eastern Oregon Onion Committee PO Box 909 Parma, ID 83660 208-722-5111 Fax: 208-722-6582 APPLICATION TO MAKE SPECIAL PURPOSE SHIPMENTS – CERTIFICATE OF PRIVILEGE

The Marketing Order for onions requires that handlers desiring to make shipments outside the production area to canners, dehydrators, extractors, freezers, and/or picklers, which do not meet the requirements for fresh shipments, shall prior to making such a shipment apply to the Committee for permission. A shipment may be made to a receiver without a COP Permit number, if the sale occurs after 5 pm, on a Holiday, or Weekend; provided, that both the handler and receiver have had prior approval and this Application is faxed to the Committee prior to shipment.

Receiver & Agent											Phone					
Contact Pers	on(s)															
Address																
City					Stat	State				Zip						
Purpose of Shipment(s)																
Type of Sale	Spot Sale Contract Sale								Total cwt.							
Shipment Date(s)																
Container(s)	Container(s) 50 lb bags Totes Bins Bulk Other:															
I, the undersigned, hereby certify to USDA and to the Idaho-Eastern Oregon Onion Committee, that I have read, fully understand, and agree to comply with 7 CFR §958.328 which governs the handling of onions, and further agree that none of these special purpose onions will be diverted to any fresh market outlet(s). To the best of my knowledge all statements in this Application are true and complete. In addition, I will prepare an Onion Diversion Report for each Application and submit it to the Committee. The Committee reserves the right to audit the receiver or their agent randomly to verify shipments. Falsification of information on this government document may result in a fine of not more than \$10,000 or imprisonment of not more than five (5) years, or both (18 U.S.C. 1001).																
Signature								Name								
Title								Date								
Firm											Phone:					
Address																
City						State	:				Zip					
COMMITTEE ACTION  APPROVED NOT APPROVED Reason not approved:																
COP Permit	COP Permit No Date Approved: Manager:															

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