

# HANDLER RESERVE PLAN and FINAL PACK REPORT

Crop Year  
\_\_\_\_\_

## Cherry Industry Administrative Board

P.O. Box 388, DeWitt, MI 48820-0388  
Tel: 517/669-1070 Fax: 517/669-1260

The report is required of all handlers processing tart cherries. It is due by close of business, Eastern time, November 1. Photocopy and attach Grower Diversion Certificates for which credit is claimed. (Complete both sides of this form.)

Handler: \_\_\_\_\_ Handler ID# \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

### HANDLER RESERVE PLAN

TREATMENT or ALLOCATION of RED TART CHERRIES	REGULATED DISTRICTS (actual pounds)	UNREGULATED or EXEMPT DISTRICTS (actual pounds)	TOTAL ALL DISTRICTS (actual pounds) (Sum of Col. 1 & 2)
<b>CHERRIES HANDLED:</b>			
FRUIT PROCESSED	_____	_____	_____
+ AT-PLANT DIVERISON (certificates required)	_____ 1		_____ 1
+ IN-ORCHARD DIVERSION (certificates required)	_____		_____
= GROSS POUNDS HANDLED (Sum of 1 - 3)	_____	_____	_____
<b>RESTRICTED VOLUME:</b>			
CIAB RESTRICTION %	_____		_____
RESTRICTED POUNDS (Gross Pounds Handled x Restriction %)	_____		_____
<b>COMPLIANCE PLAN:</b>			
IN-ORCHARD (certificates required)	_____		_____
AT-PLANT (certificates required)	_____		_____
EXPORTS (certificates will be required)	_____		_____
NEW MARKET/NEW PRODUCT (certificates will be required)	_____		_____
MARKET GROWTH FACTOR	_____		_____
RESERVE INVENTORY <sup>2,3</sup>	_____		_____
<b>TOTAL of COMPLIANCE ACTIVITIES</b> (Must equal "Restricted Pounds", above.)	_____		_____

- The sum of "Fruit Processed" + "At-Plant Diversion" must equal the total for all Form 1's, Weekly Raw Product Report, submitted for the season.
- Each handler's default inventory reserve obligation is the "Restricted Pounds" calculated above. This amount of product must be in inventory reserves until the planned diversion activities are completed and submitted to the CIAB for diversion credits.
- Forms 5A, Inventory Reserve Summary, and Forms 5B, Inventory Location Report, must accompany this report and document the locations and the specific products placed into inventory reserves.

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct Handler Reserve Plan and Final Pack Report for the undersigned Handler of the indicated crop year.

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

(Please see other side for additional information)

CIAB  
FORM #4  
BACK

# FINAL PACK REPORT

Handler ID#: \_\_\_\_\_

Crop Year  
\_\_\_\_\_

## FINAL INVENTORY FULFILLMENT

FORM and TYPE of PRODUCT	SIZE of UNITS	# of UNITS	PLANT CONVERSION FACTORS	RPE OF PRODUCT (actual pounds)
<b>FROZEN</b>				
5+1	30#			
IQF	40#			
Other (describe)				
Other (describe)				
<b>WATERPACK</b>	6/#10			
	24/#300			
Other (Describe)				
<b>PIEFILL</b>	6/#10			
	12/#2			
Other (Describe)				
<b>DRIED</b>	Pounds			
<b>PUREE</b>				
Concentrated (30° Brix)				
Single strength				
<b>JUICE</b>				
Concentrate (68° Brix)	Gallons			
Concentrate (0, 68° Brix)	Gallons			
Juice Stock	Pounds			
Juice Stock (0 RPE)	Pounds			
Single Strength				
<b>OTHER</b> (Describe)				
<b>TOTAL:</b>				

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