

Interhandler Transfer Report
20xx Crop Year – 1st Reporting Period - September 1 through December 31, 20xx
Handler: PRODUCER-HANDLER – 9999

OMB No. 0581-0189

Enter details of Inter-Handler transfer information shown in Section C of the Inventory Report Form

SECTION A: If there were no interhandler transfers made to other handlers during this reporting period indicate as such by checking the box below, complete page two, sign and return this form along with the inventory report.

I herein certify that **NO TRANSFERS WERE MADE** to other handlers during this reporting period

SECTION B: Transfers Made to Other Handlers

1. Transferred to: (Receiving Handler)

Name: _____

Address: _____

Number of barrels transferred: _____

2. Transferred to: (Receiving Handler)

Name: _____

Address: _____

Number of barrels transferred: _____

3. Transferred to: (Receiving Handler)

Name: _____

Address: _____

Number of barrels transferred: _____

SECTION C: IF cranberries **WERE NOT RECEIVED** from other **handlers** through interhandler transfers during the reporting period, check the box below, sign and return this form along with the inventory report.

I herein certify **NO TRANSFERS WERE RECEIVED** during this reporting period.

SECTION D: Transfers Received From Other Handlers

1. Received From (Transferring Handler)

Name: _____

Address: _____

Number of barrels received: _____

2. Received From (Transferring Handler)

Name: _____

Address: _____

Number of barrels received: _____

3. Received From (Transferring Handler)

Name: _____

Address: _____

Number of barrels received: _____

I, herein certify that the foregoing is a true and correct representation regarding inter-handler transfers made or received during the reporting period.

Signature: _____ Title: _____ Date: _____

1HTR
Interhandler Transfer Form

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0189. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.