## **INSTRUCTIONS FOR COMPLETING FORM RAC-100**

No approval can be obtained for the purchase of reserve raisins from the Raisin Administrative Committee for export disposition until the application is received. (7 U.S.C. 608(d) and 7 C.F.R. 989.67).

Packer must furnish all information provided for in the form except that specified under "For RAC use only".

Varietal Type - Use terminology specified in Section 989.11 of

Raisin Order No. 989 as amended.

Pack Style - Specify in pounds the net weight of shipping

case and number and net weight of individual cartons such as "45 lbs. - 48/15 oz.", or "13 1/2 lbs. - 144/ 1 1/2 oz" or "30 lbs. bulk." Use a

separate line for each size of shipping case.

<u>Total Packed Weight</u> - Must equal "Cases" multiplied by net pounds in shipping case specified in "Pack Style".

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<u>Total Qualified Packed Weight</u> - Equals "Total Packed Weight" multiplied by "Replacement Factor".

Qualified Natural Condition - The sum of "Total Qualified Packed Weight"

divided by the factor as specified in the export

offer.

Purchase Price - "Qualified Natural Condition lbs." multiplied by

the applicable "Purchase Price".

Program Number - Crop Year followed by the Circular No. which

indicates the current "Replacement Factor".

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 0581-0178. The time required to complete this information collection is estimated to average 10 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.

**RAC - 100** 

**EXPORT PROGRAM APPLICATION / DEPOSIT** RAISIN ADMINISTRATIVE COMMITTEE P.O. Box 5217

Fresno, CA 93755-5217

Office of Management & Budget Control No. 0581-0178

Revised 12/06

The undersigned Packer hereby requests approval by the Raisin Administrative Committee of this application. It is understood that upon such approval the Packer has agreed to purchase and the Raisin Administrative Committee has agreed to sell the quantity of natural condition raisins specified herein for use in fulfilling the sales contract described below, such purchases and sales to be subject to the terms and conditions of the above named agreement and offer.

VARIETAL TYPE:	<u> </u>				
Pack Style	# Cases	Packed Weight	Replacement Factor *	Total Qualified Packed Weight	$\exists$
TO <sup>-</sup>	TAL QUAL	IFIED PACKED	WEIGHT		
NA <sup>-</sup>	SHRINKAGE TOTAL PAC	NDITION WEIGE ALLOWANCE KED WEIGHT : OUNT @ \$ E ADVERTISING (	<u> </u>	\$ \$	LBS.
AN	OUNT DUE:			\$	
PRO	GRAM # (*):				
EXPORTER /	IMPORTER:				
NTENDED SHIP	MENT DATE:				
PACKER REFE	RENCE NO.				
		(Must agree	with Reference No	o. on Truck & Ocean Bills of L	_ading)
United States, know	ing it to be false		e 18, Section 1001,	the jurisdiction of any agency , United States Code, which p ars, or both.	
PACKER:			Ву:	DATE:	
FOR RAC use only	<b>/</b> :	DATE:		Check No.	