

United States Department of Agriculture  
Agricultural Marketing Service  
Fruit and Vegetable Programs

Walla Walla Sweet Onion Marketing Committee  
PO Box 644, Walla Walla, WA 99362  
(509)525-1031; Fax (509)522-2038

**Walla Walla Sweet Onion Marketing Committee  
Marketing Order No. 956 -- Form No. 2**

**WALLA WALLA SWEET ONION HANDLER REGISTRATION FORM**

**IMPORTANT:** If you plan to **HANDLE** Walla Walla Sweet Onions grown in the designated production area of Southeast Washington and Northeast Oregon during the \_\_\_\_\_ season, you are **REQUIRED** to submit the following information to the Walla Walla Sweet Onion Marketing Committee prior to May 31. The terms "production area", "Walla Walla Sweet Onions", and "handle" are defined in Marketing Order No. 956. Copies are available from the Committee office.

COMPANY NAME: \_\_\_\_\_  
(Please Print)

CONTACT NAME: \_\_\_\_\_  
(Please Print)

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

LIST OF BRAND NAMES OR LABELS: \_\_\_\_\_  
\_\_\_\_\_

WILL YOU BE INDIVIDUALLY LABELING YOUR PRODUCT? \_\_\_\_\_

**PLEASE LIST** producers from whom you expect to procure the Walla Walla Sweet Onions you anticipate packing during the \_\_\_\_\_ season. Include anticipated acreage from each producer. Use extra sheet if necessary.  
(print current year)

Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____

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