

# 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

ALLOCATION OF PRODUCTION	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 <sup>1</sup>	_____	_____	_____
+ AT-PLANT DIVERSION <sup>1</sup>	_____	_____	_____
+ IN-ORCHARD DIVERSION	_____	_____	_____
= TOTAL GROSS POUNDS (Sum of 1 – 3)	_____	_____	_____
<b>RESTRICTED VOLUME</b>			
CIAB RESTRICTED %	_____		
CIAB RESTRICTED LBS (Total Gross LBS x Rest. %)	_____		
<b>COMPLIANCE PLAN</b>			
+ AT-PLANT (certificates required)	_____		
+ IN-ORCHARD (certificates required)	_____		
+ EXPORTS (certificates will be required)	_____		
+ NEW MARKET/NEW PRODUCT (certificates will be required)	_____		
+ MARKET GROWTH FACTOR	_____		
+ RESERVE INVENTORY <sup>2,3</sup>	_____		
TOTAL of COMPLIANCE ACTIVITIES (Must equal "Restricted LBS". above.)	_____		

1. 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.
2. Each handler's default inventory reserve obligations is the "Restricted Pounds calculated above. This amount of product must be in inventory reserves until either the planned diversion activities are completed and submitted to the CIAB for diversion credits or the CIAB issues releases from inventory reserve obligations.
3. 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: \_\_\_\_\_

(see other side for additional information)

CIAB  
FORM 4  
BACK

# FINAL PACK REPORT

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

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

## FINAL INVENTORY FULFILLMENT

FORM of PRODUCT in INVENTORY	SIZE of UNITS	# of UNITS	PLANT CONVERSION FACTORS	RPE OF PRODUCT (1,000 LBS)
<b>FROZEN</b>				
5+1	30#			
IQF	40#			
Drying Stock				
5+1	30#			
IQF	40#			
Other Drying stock				
Other				
1.				
2.				
<b>WATERPACK</b>				
	6/#10			
	24/#300			
Other (Describe)				
<b>PIEFILL</b>				
	6/#10			
	12/#2			
Other (Describe)				
<b>DRIED</b>				
	Pounds			
<b>PUREE (30° Brix)</b>				
	Pounds			
<b>JUICE</b>				
Concentrate (68° Brix)	Gallons			
Concentrate (0, 68° Brix)	Gallons			
Juice Stock	Pounds			
Juice Stock (0 RPE)	Pounds			
Single Strength				
<b>OTHER (Describe)</b>				
Fresh sales	Pounds			
1.				
2.				
<b>TOTAL:</b>				

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