

**20XX-20XX CERTIFICATE OF PRIVILEGE #**

I, THE UNDERSIGNED, HEREBY CERTIFY TO THE SECRETARY OF AGRICULTURE AND TO THE SOUTH TEXAS ONION COMMITTEE THAT I HAVE READ, FULLY UNDERSTAND, AND WILL COMPLY WITH THE FOREGOING RULES WHICH GOVERN THE HANDLING OF ONIONS WHICH FAIL TO MEET THE SOUTH TEXAS ONION RULES AND REGULATIONS, I FURTHER UNDERSTAND THAT NON COMPLIANCE IS A VIOLATION OF THE AGRICULTURAL MARKETING AGREEMENT ACT AND SUBJECT TO A FINE OF UP TO \$1,100 FOR EACH VIOLATION.

BY: \_\_\_\_\_  
Print Name Signature Date

FIRM: \_\_\_\_\_ TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(Street or Box No., City, State, and Zip Code)

PHYSICAL ADDRESS: \_\_\_\_\_  
(If different than mailing address)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Person in Charge of SPECIAL PURPOSE FORMS: \_\_\_\_\_

PURPOSE OF SHIPMENTS (Check):  Canning or Freezing  
 Relief or Charity  
 Other: \_\_\_\_\_

WHERE WILL SHIPMENTS ORIGINATE? \_\_\_\_\_

PLEASE LIST BELOW THE NAMES AND ADDRESSES OF CONSIGNEES YOU PLAN TO SEND SPECIAL PURPOSE ONIONS THIS YEAR:

Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_

\*Note: Before sending special purpose onions to canners and/or freezers that have not been approved, handlers must call the Committee office for approval verification.

FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATED: \_\_\_\_\_

**Note:** The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program.

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