

# State of Washington Potato Committee

P.O. Box 1815, Moses Lake, Washington 98837 Telephone (509) 765-8845 Fax (509) 765-4853

## SHIPPERS APPLICATION FOR SPECIAL PURPOSE CERTIFICATE

Special Purpose Certificate #: \_\_\_\_\_

Certificate Valid From: \_\_\_\_\_

I request permission to ship, grade and/or store and /or sell potatoes for Special Purpose. Under this Special Purpose Certificate number, shipments of potatoes will be made for the following reason(s):

- Charity       Prepeeling       Experimentation \_\_\_\_\_
- Canning, freezing, and/or "other processing"\*
- Grading or storing in Morrow or Umatilla counties (OR)

\* "Other processing" includes, but is not restricted to, dehydration, chips, shoestrings, starch and flour. It includes the application of heat or cold to such an extent that the natural form or stability of the commodity undergoes a substantial change. The act of prepeeling, cooling, slicing, dicing, or applying material to prevent oxidation does not constitute "other processing."

To the best of your knowledge, please list the names of the companies receiving potato shipments made under this Special Purpose Certificate, also please attach a separate sheet to identify any additional receivers if needed.

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

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 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
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 Purpose: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

**SHIPPERS APPLICATION FOR SPECIAL PURPOSE CERTIFICATE**

In consideration of your granting this permission, I agree to the following stipulations:

1. That all companies/farms are to complete the shipper's application for special purpose certificates even if a special purpose shipment is not made. If an unexpected shipment is made during the year to a receiver that is not on the original application, I will inform the Committee in writing to add that receiver to my application. That as each shipment is made under this Special Purpose Certificate, I will prepare a Shipment Report on forms furnished by the Committee and/or recognize that those forms may be submitted by a handler/processor on my behalf. If a Committee form is to be used then one copy will be mailed to the Committee and two copies will be forwarded to the receiver with instructions that the receiver sign one copy and mail it to the Committee Office and retain the second copy for his files. Failure of the receiver to promptly sign and return the Shipment Report will result in cancellation of permission to ship potatoes under Special Purpose Certificate to this receiver.
2. I certify to the State of Washington Potato Committee and the Secretary of Agriculture that any shipments made pursuant to this Special Purpose Certificate will be made in accordance with the current Marketing Order Regulations. I have read these regulations and I made this application with full knowledge thereof.

**COMPANY/FARM NAME:** \_\_\_\_\_

**CONTACT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

\*\*\*\*\*

**ACTION BY THE ADMINISTRATIVE COMMITTEE FOR MARKETING ORDER NO. 946**

Permission is hereby granted/denied the above shipper to ship potatoes for Special Purpose, as defined in the regulations in effect at the time of shipment.

**Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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 5 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.

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