

OREGON-CALIFORNIA POTATO COMMITTEE

9320 SW BARBUR BLVD., SUITE 130
 PORTLAND, OREGON 97219-5405
 Phone: (503) 731-3300 / Fax: (503) 239-4763

SHIPPERS APPLICATION FOR WAIVER OF INSPECTION PRIVILEGE

I request permission to ship potatoes under a Waiver of Inspection Privilege established by the Oregon-California Potato Committee (Committee). I agree to furnish to the Committee all information required on all shipments made under this Waiver of Inspection Privilege. The information will include but not be limited to the following:

1. Quantity of potatoes shipped in hundredweight;
2. How potatoes are shipped (if rail, car number; if truck, license number);
3. Consignee's name and address;
4. Brands on containers;
5. Grade marks – container sizes and type;
6. Variety of potatoes and quantities of each if different.

All the above information, as well as any other information required by the Committee, will be sent daily to the Committee.

I further agree to pay to the Committee an assessment of \$ _____ per hundredweight on each hundredweight shipped. This assessment will be paid in addition to all other assessments and fees due and payable on each hundredweight of potatoes.

I understand that failure to meet any of the foregoing requirements will result in the immediate cancellation of this Waiver of Inspection Privilege.

I certify to the Committee and the Secretary of Agriculture that any shipments made pursuant to the Waiver of Inspection Privilege will be made in accordance with the current marketing order regulations. I have read these regulations and I make this application with full knowledge thereof.

| | |
|-----------------------|--|
| Firm Name | |
| Address | |
| City, State, Zip code | |
| Phone/FAX | |
| Signature | |

Permission is hereby granted that above shipper to ship potatoes under a Waiver of Inspection Privilege Certificate, as defined in the regulations at the time of shipment.

Date: _____ Manager: _____

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 3 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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