

RAISIN ADMINISTRATIVE COMMITTEE
2445 Capitol Street, Suite 200
Fresno, California 93721
Phone: (559) 225-0520

EXPORT PROGRAM APPLICATION/DEPOSIT

The undersigned Packer hereby requests approval by the Raisin Administrative Committee (RAC) of this application. It is understood that upon such approval the Packer has agreed to purchase, and the RAC has agreed to sell, the quantity of natural condition raisins specified herein for use in fulfilling the sales contract described below, such purchases and sales to be subject to the terms and conditions of the above named agreement and offer.

Variety Type: _____ *(specify)*

Pack Style	No. of Cases	Packed Weight	Replacement Factor*	Total Qualified Packed Weight
<i>Specify weight in pounds</i>				Total Qualified Packed Weight

Natural Condition Weight

Shrinkage Allowance
Total Packed Weight (lbs) ÷ _____
shrink factor

Gross Amount at \$ _____ \$ _____
Less: State Advertising at \$ _____ \$ _____

Amount Due \$ _____

Country _____
Exporter/Importer _____
Intended Shipment Date _____
*See Instructions _____
Packer Reference Number _____
**See Instructions _____

Must agree with Reference No. on Truck & Ocean Bills of Lading

The making of any false statement or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of title 18, section 1001 of the United States Code, which provides for a penalty of a fine or imprisonment of not more than five years, or both.

Packer: _____
By: _____
Date: _____

FOR RAC USE ONLY	
Date	_____
Check No.	_____

INSTRUCTIONS FOR COMPLETING FORM RAC-100

No cash adjustment payment will be made by the RAC for free tonnage raisins exported until an application is received from the Packer. (7 U.S.C. 608d, 7 CFR 989.67). The Packer must furnish all information provided for in the form except that specified under "FOR RAC USE ONLY."

Varietal Type	Use terminology specified in section 989.11 of Marketing Order No. 989, as amended.
Pack Style	Specify the packed configuration of the cases shipped, such as "30 lbs.," "48/15 oz.," or "36/125 gm."
No. Cases	Specify the number of cases applied for as shipped for the specified pack style.
Packed Weight	Multiply the net weight per case by the number of cases shipped (No. Cases).
Replacement Factor	See Exhibit attached to current circular.
Qualified Packed Weight	Equals "packed weight" multiplied by "replacement factor."
Natural Condition Weight	Equals the sum of the "total qualified weight" divided by the shrink factor as specified in the Export Offer.
Purchase Price	Equals "natural conditioned weight pounds" multiplied by the applicable "purchase price" (see exhibit).
Less State Advertising	Equals "purchase price" multiplied by current "state advertising rate." (Call RAC for current rate).
Amount Due	Equals "gross amount" less "state advertising" amount.
Country	Specify the final country of destination for this shipment.
Exporter/Importer	Specify the name of the Exporter/Importer to whom the raisins were shipped.
Intended Shipment Date	Specify the date the shipment was made from the packing plant. *Documentation may be required to verify shipments.
Packer Reference No.	Provide a reference number that has been used to identify this shipment. **Documentation may be required to verify quality and/or volume.

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 10 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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