

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

**EXPORT PROGRAM APPLICATION FOR CASH BACK**

The undersigned Packer hereby requests a cash adjustment payment from the Raisin Administrative Committee (RAC) for the raisins exported pursuant to this application. It is understood that upon submission of all required documents by the packer, the RAC will pay the cash adjustment applicable to the raisins exported pursuant to the Export Replacement Offer in effect as of the date of shipment. This application is subject to all provisions as set forth in the applicable Export Replacement Offer as approved by the RAC and the Secretary of Agriculture (Secretary).

**Variety Type:** \_\_\_\_\_ *(specify)*

Pack Style	No. per Case	No. of Cases	Packed Weight
<i>Specify weight in pounds</i>			Total Packed Weight

**Natural Condition Weight**

Shrinkage Allowance \_\_\_\_\_  
 Total Packed Weight (lbs) ÷

**Cash Back Requested**

Country Cash Back Rate \_\_\_\_\_ /lb \$ \_\_\_\_\_

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: \_\_\_\_\_  
 \_\_\_\_\_

<b>FOR RAC USE ONLY</b>	
Date	_____
Check No.	_____

**INSTRUCTIONS FOR COMPLETING FORM RAC-100C**

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.”

<b>Varietal Type</b>	Use terminology specified in section 989.11 of Marketing Order No. 989, as amended.
<b>Pack Style</b>	Specify the packed configuration of the cases shipped, such as “30 lbs.,” “48/15 oz.,” or “36/125 gm.”
<b>No. per Case</b>	Specify the net fruit weight per case.
<b>No. of Cases</b>	Specify the number of cases applied for as shipped for the specified pack style.
<b>Packed Weight</b>	Multiply the net weight per case (No. per Case) by the number of cases shipped (No. Cases).
<b>Total Packed Weight</b>	Add the computed packed weight for each pack style.
<b>Natural Condition Weight</b>	Divide the Total Packed Weight by the shrinkage factor as specified in the export replacement offer.
<b>“Cash Back” Requested</b>	Multiply the Natural Condition Weight by the “Cash Back” rate as specified in Exhibit A of the applicable Export Replacement Offer.
<b>Country</b>	Specify the final country of destination for this shipment.
<b>Exporter/Importer</b>	Specify the name of the Exporter/Importer to whom the raisins were shipped.
<b>Intended Shipment Date</b>	Specify the date the shipment was made from the packing plant. *Documentation may be required to verify shipments.
<b>Packer Reference No.</b>	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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