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:	(sp	ecify)	
Pack Style	No. per Case	No. of Cases	Packed Weight
Specify weight in pounds		Total Packed Weight	
		N T	
			tural Condition Weight
		Shrinkage Allowance	
	Total P	acked Weight (lbs) ÷	
	C	ah Dael: Deguasted	
		ash Back Requested Sh Back Rate /lb	¢
	Country Cas		Ψ
Co	ountry		
Exporter/Im	portor		
Intended Shipment	•		
*See Instruc	ations		
Packer Reference Nu			
**See Instru			
		Reference No. on Truck &	Ocean Bills of Lading
The making of any false statem		atter within the jurisdiction of any	
		he United States Code, which prov	vides for a penalty of a fine or
imprisonment of not more than	five years, or both.		
Packer:		FOR RAC US	SE ONLY
By:			
		- Data	
Date:		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."

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. per Case	Specify the net fruit weight per case.	
No. of Cases	Specify the number of cases applied for as shipped for the specified pack style.	
Packed Weight	Multiply the net weight per case (No. per Case) by the number of cases shipped (No. Cases).	
Total Packed Weight	Add the computed packed weight for each pack style.	
Natural Condition Weight	Divide the Total Packed Weight by the shrinkage factor as specified in the export replacement offer.	
"Cash Back" Requested	Multiply the Natural Condition Weight by the "Cash Back" rate as specified in Exhibit A of the applicable Export Replacement Offer.	
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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