

IDAHO-EASTERN OREGON POTATO COMMITTEE
3670 South 25th Street East
Idaho Falls, Idaho 83404
Phone: (208) 529-8057/Fax: (866) 672-6425

Certificate No.: _____
Effective Date: _____
Expiration Date: _____

**APPLICATION FOR CERTIFICATE OF PRIVILEGE
FOR SPECIAL PURPOSE SHIPMENT REPORTS**

Certificate of Privilege for Special Purpose Reports are required for the shipment of potatoes for other than fresh market purposes.

CHECK THE INTENDED USE FOR WHICH YOUR POTATOES WILL BE SHIPPED: CHIPPING
 CANNING FLAKE SHOESTRING CHARITY OTHER _____

CWT To Be Shipped: _____ **Shipment Date:** _____

Shipment Destination: _____

It is understood and agreed to by me, the undersigned applicant, that all potatoes granted a Certificate of Privilege for Special Purpose Shipments (Certificate), by virtue of this application and corresponding Special Purpose Shipment Reports, must be used for the purpose stated in this application and any deviation or infringement of this privilege which shall become known to me will be reported to the Potato Committee promptly. Further, I will not knowingly sell or cause to be sold potatoes which have been granted a Certificate of Privilege and are to be used in violation of Certificate. I am aware that when Special Purpose Shipment Reports are used, the RECEIVER must return a copy of the report to the Potato Committee within 15 days.

In addition to the penalties provided in 608(c)(14) of the Agricultural Marketing Agreement Act of 1937, as amended, I acknowledge that under title 18, section 1001, of the United States Code, any person who knowingly makes a false or fraudulent statement for the purpose of influencing the actions of a government agency shall, upon conviction, be subject to a fine or imprisonment, or both.

Authorized Signature

Company Name

Approved by Potato Committee

Address

Date

City, State, and Zip Code

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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