

CRANBERRY MARKETING COMMITTEE  
 219A Main Street  
 Wareham, MA 02571  
 Phone: (508) 291-1510  
 Fax: (508) 291-1511



**INTER-HANDLER TRANSFER REPORT**  
**20\_\_ CROP YEAR**  
**SEPTEMBER 1, 20\_\_ – DECEMBER 31, 20\_\_**  
**Handler: \_\_\_\_\_**

Enter details of Inter-Handler transfer information shown in Section C of the Inventory Report Form.

**SECTION A:** If there were no inter-handler transfers of cranberries made to other handlers during this reporting period, indicate as such by checking the box below.

**I hereby certify that no transfers were made to other handlers through inter-handler transfers during this reporting period.**

**Transfers Made To Other Handlers**

1. Transferred to: (Receiving Handler) Number of barrels transferred: \_\_\_\_\_  
 Handler Name: \_\_\_\_\_  
 Address: \_\_\_\_\_
2. Transferred to: (Receiving Handler) Number of barrels transferred: \_\_\_\_\_  
 Handler Name: \_\_\_\_\_  
 Address: \_\_\_\_\_
3. Transferred to: (Receiving Handler) Number of barrels transferred: \_\_\_\_\_  
 Handler Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**SECTION B:** If cranberries were not received from other handlers through inter-handler transfers during this reporting period, indicate as such by checking the box below.

**I hereby certify that no cranberries were received from other handlers through inter-handler transfers during this reporting period.**

**Transfers Received from Other Handlers**

1. Received from: (Transferring Handler) Number of barrels received: \_\_\_\_\_  
 Handler Name: \_\_\_\_\_  
 Address: \_\_\_\_\_
2. Received from: (Transferring Handler) Number of barrels received: \_\_\_\_\_  
 Handler Name: \_\_\_\_\_  
 Address: \_\_\_\_\_
3. Received from: (Transferring Handler) Number of barrels received: \_\_\_\_\_  
 Handler Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

I hereby certify that the foregoing is a true and accurate representation regarding inter-handler transfers made or received during the reporting period.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

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 0581-0189. The time required to complete this information collection is estimated to average 20 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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.