HANDLER RESERVE PLAN and

CIAB

FORM #4

FRONT

### Crop Year

##### OMB # 0581-0177

FINAL PACK REPORT

**Cherry Industry Administrative Board**

P.O. Box 388, DeWitt, MI 48820-0388

Tel: 517/669-1070 Fax: 517/669-1260

The report is required of all handlers processing tart cherries. It is due by close of business Eastern time October 1. Please note: appropriate certificates will be required for each diversion activity. Complete both sides of this form.

Handler: Handler ID#

Address:

City, ST Zip:

Telephone No.: ( ) –

###### HANDLER RESERVE PLAN

|  |  |  |  |
| --- | --- | --- | --- |
| **TREATMENT or ALLOCATION of**  **RED TART CHERRIES** | **REGULATED**  **DISTRICTS**  **(actual pounds)** | **UNREGULATED or**  **EXEMPT**  **DISTRICTS**  **(actual pounds)** | **TOTAL**  **ALL DISTRICTS**  **(actual pounds)**  **(Sum of Col. 1 & 2)** |
| CHERRIES HANDLED: |  |  |  |
| FRUIT PROCESSED |  |  |  |
| AT-PLANT DIVERSION  (certificates required) + |  |  |  |
| GROSS POUNDS HANDLED1 = |  |  | 1 |
| RESTRICTED VOLUME: |  |  |  |
| RESTRICTION % x |  |  |  |
| RESTRICTED POUNDS  (Gross Pounds Handled x Restriction %) = |  |  |  |
| COMPLIANCE PLAN: |  |  |  |
| AT-PLANT |  |  |  |
| IN-ORCHARD + |  |  |  |
| EXPORTS + |  |  |  |
| NEW MARKET/NEW PRODUCT + |  |  |  |
| RESERVE INVENTORY 2, 3  + |  |  |  |
| TOTAL, COMPLIANCE ACTIVITIES  (Must equal “Restricted Pounds”, above.) = |  |  |  |

1. The sum of “Fruit Processed” + “At-Plant Diversion” must equal the total for all Form 1’s, Weekly Raw Product Report, submitted for the season.
2. Each handler’s default inventory reserve obligation is the “Restricted Pounds” calculated above. This amount of product that must be in inventory reserves until the planned diversion activities are completed and submitted to the CIAB for diversion credits.
3. Forms 5A, Inventory Reserve Summary, and 5B, Inventory Location Report, must accompany this report and document the locations and the specific products placed into inventory reserves.

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct Handler Reserve Plan and Final Pack Report for the undersigned Handler of the indicated crop year.

By:

Title:

Date:

**(Please see other side for additional information)**

**(REV 2013)**

FINAL PACK REPORT

CIAB

FORM #4

BACK

### Crop Year

**OMB # 0581-0177**

Handler ID#:

**FINAL INVENTORY FULFILLMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FORM and TYPE**  **of PRODUCT** | **SIZE of**  **UNITS** | **# of UNITS** | **CONVERSION FACTORS** | **RPE OF PRODUCT**  **(actual pounds)** |
| **FROZEN** |  |  |  |  |
| **(5 + 1)** 1. | 30# |  |  |  |
| Variants of sugar pack | |  |  |  |
| 2. \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 3. \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| IQF 1. | 40# |  |  |  |
| 2. \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 3. \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **DRYING STOCK** |  |  |  |  |
| **(5 + 1)** 1. | 30# |  |  |  |
| Variants of sugar pack | |  |  |  |
| 2. \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 3. \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| IQF 1. | 40# |  |  |  |
| 2. \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 3. \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Other (describe) |  |  |  |  |
| **OTHER** |  |  |  |  |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |
| 2. |  |  |  |  |
| WATERPACK | 6/#10 |  |  |  |
|  | 24/#300 |  |  |  |
| Other (Describe) |  |  |  |  |
| PIEFILL | 6/#10 |  |  |  |
|  | 12/#2 |  |  |  |
| Other (Describe) |  |  |  |  |
| DRIED | Pounds |  |  |  |
| **PUREE** |  |  |  |  |
| Concentrated (30° Brix) |  |  |  |  |
| Single strength |  |  |  |  |
| **JUICE** |  |  |  |  |
| Concentrate (68° Brix) | Gallons |  |  |  |
| Concentrate (0, 68° Brix) | Gallons |  |  |  |
| Juice Stock | Pounds |  |  |  |
| Juice Stock (0 RPE) | Pounds |  |  |  |
| Single Strength |  |  |  |  |
| OTHER (Describe) |  |  |  |  |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 3. |  |  |  |  |
| **TOTAL**: |  |  |  |  |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number to this information collection is 0581-0177. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, and marital or familial status. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact the USDA Office of Communications at (202) 720-5811 (voice) or (202) 720-7808 (TDD).

To file a complaint, write the Secretary of Agriculture, U.S. Department of Agriculture, Washington, D.C. 20250, or call 1-800-245-6340 (voice) or (202) 720-1127 (TDD). USDA is an equal employment opportunity employer.

**(REV 2013)**

Page 2 of 2