

SOUTH TEXAS ONION COMMITTEE
901 Business Park Drive, Suite 500 Mission, TX 78572
Phone: (956) 584-9331 Fax: (956) 584-0300

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

Handler Certificate of Privilege No.: _____
Effective Date: _____ Expiration Date: _____

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

Purpose of Shipment: Canning or Freezing Relief or Charity
 Other _____

PERSON IN CHARGE OF SPECIAL PURPOSE FORMS: _____
WHERE SHIPMENTS WILL ORIGINATE: _____
PLEASE LIST BELOW THE NAMES AND ADDRESSES OF CONSIGNEES YOU PLAN TO SEND SPECIAL PURPOSE ONIONS TO:

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

I, the undersigned applicant, understand and agree, that all onions 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 South Texas Onion Committee (Committee) promptly. Further, I will not knowingly sell or cause to be sold onions which have been granted a Certificate of Privilege and are to be used in violation of Certificate. I acknowledge that making of 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 (18 U.S.C. 1001).

Company Name Authorized Signature

Mailing Address (Street or Box No., City, State, and Zip Code)

Physical Address (if different than above mailing address)

Telephone Number Fax Number

FOR OFFICE USE ONLY: COMMITTEE APPROVAL: _____ **DATE:** _____

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