

**U.S. DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
SPECIALTY CROPS PROGRAM**

**IMPORTER'S EXEMPT COMMODITY FORM (SC-6)**

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 271, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to information provided on this form.

NOTE: This form is used to declare intent to import an agricultural commodity exempt from grade requirements for the commodity established under section 8e of the Agricultural Marketing Agreement Act of 1937.

WARNING: Any person who knowingly falsely makes, issues, alters, forges or counterfeits this form, or participates in any such actions, is subject to a fine or imprisonment for not more than five (5) years, or both.

**THIS FORM MAY NOT BE DUPLICATED**

**INSTRUCTIONS TO COMPLETE FORM ARE PRINTED ON THE NEXT PAGE**

**SECTION TO BE COMPLETED BY IMPORTER**

1. PRODUCT (include variety)		2. DATE AND PLACE OF INSPECTION (if applicable)	
3. LOT IDENTIFICATION		4. VEHICLE IDENTIFICATION (railroad car, truck, vessel, carrier, tag number, etc.)	
5a. IMPORTER'S NAME AND COMPLETE MAILING ADDRESS (P.O. Box, Street, City, State, ZIP Code)		6a. PLACE OF ENTRY (PORT OF UNLOADING)	
		6b. DATE OF ENTRY	
5b. TELEPHONE NUMBER (include area code)	5c. FAX NUMBER (include area code)	7. TOTAL QUANTITY IMPORTED (pounds)	
8a. RECEIVER'S NAME AND COMPLETE MAILING ADDRESS (P.O. Box, Street, City, State, ZIP Code)		9. INTENDED USE (Mark an "X" in appropriate box)	
		Processing (describe type): _____ (example: Charity Livestock/Animal Feed Other exempt use (specify): _____	
8b. TELEPHONE NUMBER (include area code)	8c. FAX NUMBER (include area code)		
10a. U.S. CUSTOMS AND BORDER ENTRY NUMBER	10b. HARMONIZED TARIFF CODE NUMBER		

**CERTIFICATION STATEMENT:** I certify to the U.S. Department of Agriculture and U.S. Customs and Border Protection that the above is true and accurate and that none of the fruit, vegetable, or specialty crops being imported are identified above will be used for other than the purpose indicated above.

SIGNATURE

TITLE

DATE

**SECTION TO BE COMPLETED BY RECEIVER**

RECEIVER'S NAME AND COMPLETE MAILING ADDRESS (P.O. Box, Street, city, State, ZIP Code)

TELEPHONE NUMBER (Include area code)

**CERTIFICATION STATEMENT OF PROCESSOR, CHARITY, FEEDER OR OTHER EXEMPTED RECEIVER**

I hereby certify to the U.S. Department of Agriculture that I have received the exempt commodity shipment(s) cited above and that I will dispose of the shipment(s) pursuant to the intended use specified in "9" and the commodity's Import Regulation under 7 CFR, Parts 944, 980, or 999, and that I am one of the following: (Mark an "X" in appropriate box)

Processing (describe type): \_\_\_\_\_

Charity

Livestock/Animal Feed

(example: canning, dehydrating, juice)

Other exempt use (specify): \_\_\_\_\_

SIGNATURE

TITLE

DATE

## PLEASE READ INSTRUCTIONS CAREFULLY

### SECTION I

**TO BE COMPLETED BY THE IMPORTER** – Upon completion of Section 1, the importer or the customs broker on behalf of the **IMPORTER** shall:

- **e-Sign** Section I certifying accuracy of the information entered in Section I and that the exempt commodity shipment is being sent to the exempt receiver listed in No. 8a.
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### SECTION II

**TO BE COMPLETED BY THE RECEIVER** – the **EXEMPT RECEIVER** shall:

- **e-Sign** Section II certifying receipt of the shipment listed in Section 1 and agreeing to dispose of the shipment in the exempt outlet specified.
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### MAILING INSTRUCTION

- If the importer and receiver are unable to submit the electronic copies through CEMS, please print out the completed SC-6 and send copies to **USDA, AMS, Specialty Crops Program, Marketing Order and Agreement Division, 1400 Independence Avenue SW, Room 1406-S, Stop 0237, Washington, D.C. 20250-0237.**

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 0581-0167. The time required to complete this information collection is estimated to average 5 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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