

Cranberry Marketing Committee  
219A Main Street  
Wareham, MA 02571  
Phone: (508) 291-1510; Fax: (508) 291-1511  
Website: www.usacranberries.com

Filing Date: \_\_\_\_\_

**HANDLER WITHHOLDING APPEAL**

In accordance with the Cranberry Marketing Order, if any handler is dissatisfied with an adverse determination made by the Cranberry Marketing Committee (CMC) with regard to any matter related to its compliance with a volume regulation then in effect, the handler may submit to the CMC within 30 days after notification of this determination, or after its adverse nature is discovered, a request for review by an appeals subcommittee. The appeals subcommittee shall be composed of two independent representatives, two major cooperative representatives and a public member, all of whom shall be appointed by the Chair of the CMC.

The handler may further appeal to the Secretary, within 15 days after notification of the subcommittee’s findings, if such handler is not satisfied with the appeals subcommittee’s decision. The CMC shall forward a file with all pertinent information related to the handler’s appeal. The Secretary shall inform the handler and all interested parties of the Secretary’s decision.

Handlers interested in submitting an appeal, should complete the enclosed form and attach any pertinent supporting materials.

Handler Name: \_\_\_\_\_ Handler Contact No.: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

- 1. What is the reason for this appeal? Identify the decision of CMC that the Handler considers to be adverse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. What documents are being provided as pertinent material(s) to support the appeal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HANDLER CERTIFICATION**

I, \_\_\_\_\_ hereby certify to the CMC and the Secretary of Agriculture that this is a true and correct record of information regarding the undersigned Handler for the current crop year, and that the undersigned handler has a good faith intent to withhold cranberries in accord with the Marketing Order as described herein. I further certify that I have the authority to make such representation on behalf of the undersigned handler.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 0581-0304. 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

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sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant

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Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).  
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