



State of Washington Potato Committee  
P.O. Box 1815, Moses Lake, Washington 98837  
Phone (509) 765-8845 / FAX (509) 765-4853

**SHIPPERS APPLICATION FOR SPECIAL PURPOSE CERTIFICATE**

**Special Purpose Certificate No.** \_\_\_\_\_ **Certificate Valid From:** \_\_\_\_\_

I request permission to ship, grade and/or store and /or sell potatoes for Special Purpose. Under this Special Purpose Certificate number, shipments of potatoes will be made for the following reason(s):

- Charity       Prepeeling       Experimentation \_\_\_\_\_
- Canning, freezing, and/or "other processing"\*
- Grading or storing in Morrow or Umatilla counties (OR)

\* "Other processing" includes, but is not restricted to, dehydration, chips, shoestrings, starch and flour. It includes the application of heat or cold to such an extent that the natural form or stability of the Commodity undergoes a substantial change. The act of prepeeling, cooling, slicing, dicing, or applying material to prevent oxidation does not constitute "other processing."

To the best of your knowledge, please list the names of the companies receiving potato shipments made under this Special Purpose Certificate, also please attach a separate sheet to identify any additional receivers if needed.

|                            |                            |
|----------------------------|----------------------------|
| Company Name: _____        | Company Name: _____        |
| Contact: _____             | Contact: _____             |
| Address: _____             | Address: _____             |
| City/State/Zip Code: _____ | City/State/Zip Code: _____ |
| Phone: _____               | Phone: _____               |
| Fax: _____                 | Fax: _____                 |
| Email: _____               | Email: _____               |
| Purpose: _____             | Purpose: _____             |

|                            |                            |
|----------------------------|----------------------------|
| Company Name: _____        | Company Name: _____        |
| Contact: _____             | Contact: _____             |
| Address: _____             | Address: _____             |
| City/State/Zip Code: _____ | City/State/Zip Code: _____ |
| Phone: _____               | Phone: _____               |
| Fax: _____                 | Fax: _____                 |
| Email: _____               | Email: _____               |
| Purpose: _____             | Purpose: _____             |

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 0581-0178. 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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In consideration of your granting this permission, I agree to the following stipulations:

- 1. That all companies/farms are to complete the shipper's application for special purpose certificates even if a special purpose shipment is not made.
2. I certify to the Committee and the Secretary of Agriculture that any shipments made pursuant to this Special Purpose Certificate will be made in accordance with the current Marketing Order regulations.

COMPANY/FARM NAME:
CONTACT:
ADDRESS:
CITY/STATE/ZIP:
PHONE:
FAX:
EMAIL:
SIGNATURE:

\*\*\*\*\*

ACTION BY THE ADMINISTRATIVE COMMITTEE FOR MARKETING ORDER NO. 946

Permission is hereby granted/denied the above shipper to ship potatoes for Special Purpose, as defined in the regulations in effect at the time of shipment.

Manager: Date:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, 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 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 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. USDA is an equal opportunity provider, employer, and lender.