

WALLA WALLA SWEET ONION MARKETING COMMITTEE

P.O. Box 644, Walla Walla, WA 99362
Phone (509) 525-1031 / Fax (509) 522-2038

HANDLER REGISTRATION FORM

If you plan to **HANDLE** Walla Walla Sweet Onions grown in the designated production area of Southeast Washington and Northeast Oregon during the 20__ season, you are **REQUIRED** to submit the following information to the Walla Walla Sweet Onion Marketing Committee (Committee) prior to May 31, 20__. The terms “production area,” “Walla Walla Sweet Onions,” and “handle,” are defined in Marketing Order No. 956 (7 C.F.R 956). Copies are available at the Committee office.

COMPANY NAME: _____

CONTACT NAME: _____

SIGNATURE: _____ Date _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE: _____ FAX: _____ CELL: _____

LIST OF BRAND NAMES OR LABELS: _____

WILL YOU BE INDIVIDUALLY LABELING YOUR PRODUCT? _____

PLEASE LIST producers from whom you expect to procure the Walla Walla Sweet Onions you anticipate packing during the 20__ season. Include anticipated acreage from each producer. Use extra sheet if necessary.

Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____
Producer _____	Fall Plant _____	Spring Plant _____

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 15 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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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.