

EXPORTS BY COUNTRY OF DESTINATION

APC Form 3 - Instructions

This report is submitted pursuant to 7 CFR 986.178 and is subject to audit verification by the American Pecan Council (7 CFR 986.79)

The completed form must be delivered to the American Pecan Council no later than the **tenth** day of the month.

Please note:

Only insert data in the blank WHITE cells. The APC staff will complete any information in the 'SHADED' cells. If completing the form electronically, once the information is entered, the column totals will be calculated automatically. If completing the form by hand, the amounts you provide will be added to the data submitted in the previous period and totaled by the APC staff.

The following are instructions for completing APC Form 3 - Exports by Country of Destination

Month: Enter the Month being reported upon.

Handler Number: Enter the Handler Number

Current Period - Shelled / Inshell / Substandard, Exported

Report the total quantity shipped during the month to each applicable foreign country - by product type (Shelled / Inshell / Substandard). Report all pecans shipped, not just pecans of US origin. If the country is not listed on page 1 of the form, enter the name of the country on page 2 along with the amounts of each product shipped to that country.

Unless the pecans are shipped to a warehouse overseas where ownership of the pecans is retained by the reporting Handler, report the country of first entry. If ownership is retained, report the country of destination once ownership changes hands.

UPON COMPLETION: Read the Certification statement at the bottom of the form and write in/type the Handler/Company name. Then sign in the space provided and fax or email form to _____: (_____) _____ or _____@_____.

§986.81 Confidential information.

All reports and records submitted by handlers to the Council staff, which include data or information constituting a trade secret or disclosing the trade position, or financial condition or business operations of the handler, shall be kept in the custody of one or more employees of the Council and shall be disclosed to no person except the Secretary of Agriculture.

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 0581-0291. 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.

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.

APC Form 3 (Exp. 12/2022. Destroy previous versions.)

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Month _____ Handler Number _____

Destination	Current Period Shelled Meats (lbs)	Current Period Inshell (lbs)	Current Period Sub-Standard (lbs)	Current Period TOTAL (lbs)	Previous Period Year-to-Date (lbs)	Year-to-Date TOTAL (lbs)
1 Algeria				0.00		0.00
2 Australia				0.00		0.00
3 Belgium				0.00		0.00
4 Canada				0.00		0.00
5 China				0.00		0.00
6 Czech Republic				0.00		0.00
7 Denmark				0.00		0.00
8 Egypt				0.00		0.00
9 France				0.00		0.00
10 Germany				0.00		0.00
11 Greece				0.00		0.00
12 Hong Kong				0.00		0.00
13 India				0.00		0.00
14 Israel				0.00		0.00
15 Italy				0.00		0.00
16 Japan				0.00		0.00
17 Jordan				0.00		0.00
18 Lebanon				0.00		0.00
19 Malaysia				0.00		0.00
20 Mexico				0.00		0.00
21 Netherlands				0.00		0.00
22 Russia				0.00		0.00
23 Saudi Arabia				0.00		0.00
24 Singapore				0.00		0.00
25 South Korea				0.00		0.00
26 Spain				0.00		0.00
27 Sweden				0.00		0.00
28 Switzerland				0.00		0.00
29 Taiwan				0.00		0.00
30 Turkey				0.00		0.00
31 United Arab Emirates				0.00		0.00
32 United Kingdom				0.00		0.00
33 Vietnam				0.00		0.00
Subtotal From Pg.2	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00

Handler/Company _____ Handler Address _____ Signature _____

The making of any false statements or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of title 18, section 1001, of the United States Code, which provides for a penalty of a fine for individuals and for organizations or imprisonment, or both

Upon completion, fax or email form to _____: Fax - (____) ____-____; Email - _____@_____

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				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
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				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
				0.00		0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00

Handler/Company _____ Handler Address _____ Signature _____

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