

Prune Marketing Committee
 3840 Rosin Court, Suite 170
 Sacramento, CA 95834
 Fax: (916)565-6237

Mail or fax to the Committee.
 Retain a copy for your files.

RECAP OF INTER-HANDLER MOVEMENT

HANDLER: _____

PERIOD: 8/1/20__ to __/__/20__ incl.

PRUNES RECEIVED BY US FROM OTHER HANDLERS

Date	Handler	Description	Net Pounds	
			Natural Condition	Processes Condition
(Cumulative pounds from previous quarter)				
Enter on PMC 11.1 for the above period on appropriate space – B 2a or b.			Totals:	

PRUNES SHIPPED BY US TO OTHER HANDLERS

Date	Handler	Description	Net Pounds	
			Natural Condition	Processes Condition
(Cumulative pounds from previous quarter)				
Enter on PMC 12.1 for the above period on appropriate space – 4a or b.			Totals:	

Due date is 5th working day of the month following each quarter ending 10/31, 1/31, 4/30 and 7/31.

Signed: _____

Title: _____

AUTHORITY: This report is required by law (7 USC 608(d), 7 CFR 993.72, 993.172(b)(3)).

FAILURE TO REPORT can result in a fine for each such violation and each day during which such violation continues shall be deemed a separate violation.

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.

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.

PMC 11.1A (Rev. 01/2017) Destroy previous editions.