**IDAHO-EASTERN OREGON POTATO COMMITTEE**

3670 South 25th Street East

Idaho Falls, Idaho 83404

Phone: (208) 529-8057/Fax: (866) 672-6425

**POTATO COMMITTEE APPLICATION FOR APPROVAL AS A CANNER, FREEZER, OR**

**OTHER PROCESSOR OR PREPEELER OF POTATO PRODUCTS**

**FOR SPECIAL PURPOSE SHIPMENT REPORTS**

TO: IDAHO-EASTERN OREGON POTATO COMMITTEE

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant's Name)

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Above Named Applicant*

hereby apply to the Idaho-Eastern Oregon Potato Committee (Committee) for approval as a *“RECEIVER”* of potatoes under the Committee’s Special Purpose Permit for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Canning, Freezing, Other Processing, or Prepeeling---List One\*\**

I/We hereby certify to the Committee and the Secretary of Agriculture (Secretary) that potatoes received from the Idaho-Eastern Oregon potato production area for processing will be used for the purpose stated above, and will not be placed in fresh market channels.

I/We agree to report on shipments received as the Committee may require.

The undersigned certifies to the Committee and the Secretary that potatoes received will be used in accordance with current Marketing Order regulations for use only for the purpose stated. The making of a false statement, knowing it to be false, is a violation of title 18, section 1001, of the United States Code, which provides for a fine or imprisonment, or both.

Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Incl. City, State, Zip Code)*

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*If you list “other processing,” also show the specific use, as “other processing” is defined.

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 9 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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