Approved - OMB No. 0581-0093

##### U.S. HIGHBUSH BLUEBERRY COUNCIL

**APPLICATION FOR EXEMPTION FROM ASSESSMENT**

As stated in section 1218.53 of the Blueberry Promotion, Research, and Information Order (Exemption Procedures):

###### “Any producer who produces less than 2,000 pounds of blueberries annually who desires to claim an exemption from assessments during a fiscal year as provided in section 1218.42 shall apply to the U.S. Highbush Blueberry Council (USHBC), on a form provided by USHBC, for a certificate of exemption. Such producer shall certify that the producer’s production of blueberries shall be less than 2,000 pounds for the fiscal year for which the exemption is claimed. Any importer who imports less than 2,000 pounds of fresh and processed blueberries annually who desires to claim an exemption from assessments during a fiscal year as provided in section 1218.52 shall apply to USHBC, on a form provided by USHBC, for a certificate of exemption. Such importer shall certify that the importer’s importation of fresh and processed blueberries shall not exceed 2,000 pounds, for the fiscal year for which the exemption is claimed.”

**CERTIFICATION**

(To Be Signed and Dated by Applicant)

I hereby certify that my total level of blueberry production in 20XX, or the total fresh or processed blueberries I will import in 20XX, will be less than 2,000 pounds. I therefore request a certificate of exemption from USHBC assessments for the year 20XX.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send your completed Certificate of Exemption Application to USHBC at the following address:

USHBC

Street

City, State Zip

BLU-AAE (Expiration Date XX/XX/20XX) *See reverse for burden/non-discrimination statement*

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