

U.S. DEPARTMENT OF AGRICULTURE  
 AGRICULTURAL MARKETING SERVICE  
 SPECIALTY CROPS PROGRAM

**NATIONAL PEANUT BOARD**  
**APPLICATION FOR CERTIFICATION OF PEANUT ORGANIZATION**

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**INSTRUCTIONS: Please print or type in all applicable spaces and sign your name. The following information is to be submitted by each peanut organization that applies for certification to submit nominations for National Peanut Board membership to the Secretary of Agriculture and/or to submit requests for funding to the National Peanut Board. Attach separate sheets of paper as necessary (make reference to appropriate question number(s)).**

1a. NAME OF APPLICANT ( Organization )

1b. MAILING ADDRESS (Number, Street, City, State, ZIP Code)

1c. TELEPHONE NO. (Include area code)

1d. FAX NO. N

1e. EMAIL ADDRESS

2a. NAME OF CHAIRPERSON OR OTHER CHIEF ELECTED OFFICIAL

2b. TITLE

2c. TELEPHONE NO. (Include area code)

2d. FAX NO.

2e. EMAIL ADDRESS

3a. NAME OF CHIEF STAFF OFFICER

3b. TITLE

3c. TELEPHONE NO. (Include area code)

3d. FAX NO.

3e. EMAIL ADDRESS



4. PLEASE CHECK THE REASON(S) FOR THIS APPLICATION: (Mark an "X" on appropriate line)

NOMINATIONS \_\_\_\_\_ FUNDS \_\_\_\_\_

5a. IS THIS PEANUT PROMOTION ENTITY AUTHORIZED BY STATE STATUTE? (Mark an "X" on appropriate line)

YES \_\_\_\_\_ NO \_\_\_\_\_

5b. IF "YES", ATTACH A COPY OF THE RELEVANT STATUTE AND PROVIDE THE FOLLOWING:

NAME OF STATE STATUTE

DATE OF CREATION OF ENTITY

6a. DOES THIS APPLICANT CURRENTLY RECEIVE ASSESSMENTS OR CONTRIBUTIONS FROM PRODUCERS? (Mark an "X" on appropriate line)

YES \_\_\_\_\_ NO \_\_\_\_\_

6b. IF "YES," DESCRIBE THE ASSESSMENT RATE OR THE BASIS FOR CONTRIBUTIONS (rate per ton, percent of price, etc.)

6c. DESCRIBE THE MANNER IN WHICH THE APPLICANT ASSESSES (Attach separate sheet of paper):

1. Peanuts grown in applicant's State, but sold in another State; and
2. Peanuts grown in a State other than the applicant's State, but sold in the applicant's State.

6d. ARE ANY PEANUTS EXEMPT FROM ASSESSMENT? (Mark an "X" on appropriate line)

YES \_\_\_\_\_ NO \_\_\_\_\_

6e. IF "YES", EXPLAIN BELOW OR ON SEPARATE SHEET OF PAPER:

7. DOES THIS APPLICANT CURRENTLY CONDUCT ANY OF THE FOLLOWING IN-STATE AND/OR ON A NATIONAL BASIS'

(Mark an "X" in appropriate box(es))

	IN-STATE	NATIONAL
a. Promotion		
b. Research		
c. Consumer Information		
d. Industry Information		

IF 7a THROUGH 7d DO NOT APPLY, SKIP TO QUESTION 7f.

7e. ARE ANY OF THE PROGRAMS REFERRED TO IN QUESTIONS 7a THROUGH 7d INTENDED TO STRENGTHEN THE PEANUT INDUSTRY'S POSITION IN THE MARKET PLACE? (Mark and "X" on the appropriate line)

YES \_\_\_\_\_ NO \_\_\_\_\_

7f. IF THE APPLICANT HAS NOT YET COLLECTED ASSESSMENTS FROM PRODUCERS, OR HAS NOT YET CONDUCTED A PROGRAM OF PEANUT PROMOTION, RESEARCH, CONSUMER INFORMATION, AND/OR INDUSTRY INFORMATION, DESCRIBE IN DETAIL THE CURRENT PLANS, NOT DISCUSSED ELSEWHERE IN THIS APPLICATION, TO IMPLEMENT SUCH A PROGRAM AND THE PROJECTED DATE OF IMPLEMENTATION OF SUCH A PROGRAM (If not enough space below, attach separate sheets of paper for description).



8a DESCRIBE ON SEPARATE SHEET OF PAPER, THE MANNER IN WHICH ASSESSMENTS ARE (OR WILL BE) COLLECTED FROM PRODUCERS IN YOUR STATE. INCLUDE THE FOLLOWING INFORMATION IN YOUR ANSWER:

1. Identification by job or title (i.e., Federal-State inspectors, markets, buyers, etc.), those persons or entities responsible for collecting assessments;
2. The procedures for accounting and remittance to the applicant by such collection persons;
3. Whether assessments are authorized by State law or established by organization action;
4. The time that such assessments are collected and the time period within which the collecting persons must remit the assessments to the applicant (or State agency on behalf of the applicant);
5. Whether the applicant will have any employees exclusively (or primarily) responsible for administering the collection as assessments; and
6. Any other information necessary to provide a thorough understanding of the manner in which this applicant collects assessments.

8b DESCRIBE ON SEPARATE SHEET OF PAPER, THE PROCEDURE(S) UTILIZED BY THE APPLICANT TO ENSURE THAT ASSESSMENT DUE FROM PRODUCERS ARE PAID. INCLUDE THE FOLLOWING INFORMATION IN YOUR ANSWER:

1. Description of any compliance program established by the applicant (or a State agency on behalf of the applicant);
2. If assessments are not paid, the steps to be taken to secure payment; and
3. Any other information necessary to provide a thorough understanding of this entity's efforts to ensure that assessments are paid.

9a. DOES THIS APPLICANT CERTIFY THAT IT WILL FURNISH TO THE NATIONAL PEANUT BOARD AN ANNUAL FINANCIAL REPORT BY A CERTIFIED PUBLIC ACCOUNTANT OF ALL FUNDS RECEIVED FROM THE NATIONAL PEANUT BOARD?

YES \_\_\_\_ NO \_\_\_\_

9b. DOES THIS APPLICANT CERTIFY THAT IT WILL FURNISH TO THE NATIONAL BOARD AN ANNUAL MARKETING PLAN?

YES \_\_\_\_ NO \_\_\_\_

9c. DOES THIS APPLICANT CERTIFY THAT IT WILL FURNISH TO THE NATIONAL BOARD ANY ADDITIONAL INFORMATION AND REPORTS THE BOARD OR SECRETARY OF AGRICULTURE MAY REQUEST?

YES \_\_\_\_ NO \_\_\_\_

10a. DOES THIS APPLICANT USE ANY FUNDS FOR THE PURPOSE OF INFLUENCING ANY LEGISLATION OR GOVERNMENTAL ACTION OR POLICY? Yes  No

IF "YES," PLEASE PROVIDE THE FOLLOWING AMOUNTS FOR THE ENTITY'S CURRENT FISCAL YEAR:

TOTAL BUDGET	\$	EXPENDITURES ON CONSUMER INFORMATION	\$
ADMINISTRATIVE EXPENSES	\$	EXPENDITURES ON INDUSTRY INFORMATION	\$
EXPENDITURES ON PROMOTION	\$	EXPENDITURES FOR THE PURPOSE OF INFLUENCING LEGISLATION, GOVERNMANET ACTION, OR POLICY	\$
EXPENDITURES ON RESEARCH	\$		

10b. DOES THIS APPLICANT AGREE THAT IT WILL NOT USE ANY FUNDS COLLECTED PURSUANT TO THE ACT AND THE ORDER FOR THE PURPOSE OF INFLUENCING ANY LEGISLATION, GOVERNMENTAL ACTION, OR POLICY?

YES \_\_\_\_ NO \_\_\_\_

10c. DOES THIS APPLICANT AGREE THAT IT WILL NOT FINANCE, WITH FUNDS RECEIVED PURSUANT TO THE ACT AND THE ORDER, PLANS OR PROJECTS WHICH ARE FALSE OR MISLEADING OR DISPARAGE ANOTHER AGRICULTURAL COMMODITY OR CREATE A CONFLICT OF INTEREST?

YES \_\_\_\_ NO \_\_\_\_





