CRANBERRY MARKETING COMMITTEE 219A Main Street Wareham, MA 02571 Phone: (508) 291-1510 Fax: (508) 291-1511 INTER-HA

INTER-HANDLER TRANSFER REPORT 20___ CROP YEAR SEPTEMBER 1, 20___ – DECEMBER 31, 20___ Handler:



Enter details of Inter-Handler transfer information shown in Section C of the Inventory Report Form.

SECTION A: If there were no inter-handler transfers of cranberries made to other handlers during this reporting period, indicate as such by checking the box below.

□ I hereby certify that no transfers were made to other handlers through inter-handler transfers during this reporting period.

Transfers Made to Other Handlers

1. Transferred to: (Receiving Handler) Handler Name: Number of barrels transferred: _____

Address:

2. Transferred to: (Receiving Handler) Handler Name: Number of barrels transferred: _____

Address:

3. Transferred to: (Receiving Handler) Handler Name:

Number of barrels transferred: _____

Address:

SECTION B: If cranberries were not received from other handlers through inter-handler transfers during this reporting period, indicate as such by checking the box below.

□ I hereby certify that no cranberries were received from other handlers through inter-handler transfers during this reporting period.

Tra 1.	Insfers Received from Other Handlers Received from: (Transferring Handler) Handler Name:	Number of barrels received:
	Address:	
2.	Received from: (Transferring Handler) Handler Name:	Number of barrels received:
	Address:	
3.	Received from: (Transferring Handler) Handler Name:	Number of barrels received:
	Address:	

I hereby certify that the foregoing is a true and accurate representation regarding inter-handler transfers made or received during the reporting period.

Signature _____

Date _____

Title _____

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 OMB 0581-0189. The time required to complete this information collection is estimated to average 20 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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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.