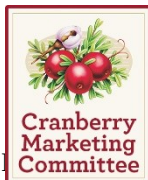


Filing Date: \_\_\_\_\_



**HANDLER WITHHOLDING APPEAL**

with the Cranberry Marketing Order (CMO) (§929.\_\_\_\_ Committee review procedures), *if any handler is dissatisfied with an adverse determination made by the Committee with regard to any matter related to its compliance with a volume regulation then in effect, the handler may submit to the Committee within 30 days after notification of this determination, or after its adverse nature is discovered, a request for review by an appeals subcommittee. The appeals subcommittee shall be composed of two independent representatives, two major cooperative representatives and a public member, all of whom shall be appointed by the Chair of the Committee.*

*The handler may further appeal to the Secretary, within 15 days after notification of the subcommittee’s findings, if such handler is not satisfied with the appeals subcommittee’s decision. The Committee shall forward a file with all pertinent information related to the handler’s appeal. The Secretary shall inform the handler and all interested parties of the Secretary’s decision.*

Handlers interested in submitting an appeal, should complete the enclosed form and attach any pertinent supporting materials.

Handler Name: \_\_\_\_\_ Handler Contract #: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. What is the reason for this appeal? Identify the decision of CMC that the Handler considers to be adverse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What documents are being provided as pertinent material(s) to support this appeal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HANDLER CERTIFICATION**

I, \_\_\_\_\_ hereby certify to the CMC and the Secretary of Agriculture that this is a true and correct record of information regarding the undersigned Handler for the current crop year, and that the undersigned handler has a good faith intent to withhold cranberries in accord with the Marketing Order as described herein. I further certify that I have the authority to make such representation on behalf of the undersigned handler.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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 0581-0189. 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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