|  |  |
| --- | --- |
|  | **6601 W. Deschutes Ave.Suite C-2Kennewick, WA 99336Phone: (509) 585-5460Fax: (509) 585-2671** |

20\_\_ – 20\_\_ APPLICATION FOR NEW ALLOTMENT BASE

**CLASS 1 - SCOTCH**

***(Please read reverse side BEFORE filling out Application)***

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

 *NAME (First and Last) (Please Print) AGE DATE*

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

 *ADDRESS CELL PHONE #*

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

 *CITY STATE ZIP PLACE OF EMPLOYMENT*

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

 EMAIL

Briefly explain your present involvement in your farm. *In order to be eligible, the applicant must be* ***CURRENTLY*** *involved in farming that is* ***Separate*** *from a current Base Holder.* See Item #2 on the reverse side for more information.

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

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

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

If drawn, where will you plant the spearmint? (*County)* (*State*)

Who will distill the spearmint?  *(Still Owner*)

Briefly explain how you will meet Item #3 on the reverse of this application and the financial interest you will have in the production of the oil. (Include land or equipment ownership or, if applicable, planned leasing arrangements).

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

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

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

I certify to the Far West Spearmint Oil Committee and the Secretary of the U.S. Department of Agriculture that the above information is true. **I further certify that I have read the letter on the reverse side of this application form and that I meet each qualification stated therein.**

***Signature***

(The making of false certification, knowing it to be false, to an agency of the U.S. Government is a violation of Title 18, Section 1001, of the U.S. Code.)

**THIS APPLICATION MUST BE RETURNED BY August , 20**

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 5 *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.

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

TO: Applicants for New Allotment Base

In order to qualify for Allotment Base as a new grower you must apply on the form on the reverse side of this notice. The form must be filled out completely or it will not be included with the eligible growers. In keeping with the stated intent of the Order in Section 985.153(c), the Committee must determine whether or not the applicant has the ability to produce spearmint oil. To be eligible as a new grower there are several requirements that must be met. **If you would be disqualified for *any one* of the following, *please do not apply*.**

1. The applicant must not now be, nor, in the past, have been, involved in the ownership of base. (i.e. - a part of a corporation, partnership, or any other business entity that has owned, or currently owns base)

2. **The applicant must be able to show present involvement in farming**. (i.e. They must **already have their own capital at risk and be involved in the day to day activities associated with their own** **farming operation** **before** **they can apply for spearmint base).** They must be able to produce the appropriate class of spearmint oil and, if requested, be able to submit evidence showing that they will have a proprietary (financial) interest in the production of the oil.

3. **The growers who are drawn for new base will have *to have NEW acres planted* by the spring of 2020. This means they must obtain roots and plant new acres or, in some cases, they may have to be involved in a root propagation program which will allow them to expand to the needed acres – depending on the availability of rootstock.** The Marketing Order requires that the production of this spearmint be independent of any other producer. It is important that applicants carefully consider their ability to produce their own oil by next year. Failure to do so could result in the loss of their base.

4. **Only one applicant per business unit.**

5. The applicant must be a citizen of the U.S.

6. The applicant must be 18 years of age or older.

7. Pursuant to Section 985.153 (d) of the Marketing Order, the person receiving any additional allotment base pursuant to this section shall submit to the Committee, evidence of an ability to produce and sell oil from such allotment base in the first marketing year following issuance of such base.

The Bona Fide Effort rule does not apply towards the five (5) year production requirement of new producers. New producers must keep their issued (drawn) allotment base for at least **five (5)** years before they can transfer this base. In years where new producers are unable to provide evidence of an ability to produce and sell oil from their drawn allotment base, using the Bona Fide Effort rule, these years will not count towards the five (5) year production requirement.

**ALL APPLICANTS WILL BE CAREFULLY SCREENED PRIOR TO THE DRAWING. THOSE NOT MEETING THE BASIC REQUIREMENTS AS STATED ABOVE WILL BE TAKEN OUT OF THE LOT. THOSE APPLICANTS THAT ARE DRAWN WILL BE CHECKED MORE CLOSELY, AND IF IT IS FOUND THAT THEY DO NOT MEET THE REQUIREMENTS, THEY WILL BE DEEMED INELIGIBLE FOR THE NEW BASE. IF THE APPLICANT IS DEEMED INELIGIBLE, THE COMMITTEE MAY REDRAW THE BASE FOR THAT REGION.**

If you have any questions concerning the application or drawing, please call the committee office at 1-509-585-5460.

**All applications must be submitted to the office by August \_\_, 20\_\_. The drawing will be held August \_\_, 20\_\_, at 11:30 a.m. at the Committee office at 6601 W. Deschutes Ave., Suite C-2 Kennewick, WA 99336.**

*Thank you, - Shane Johnson, Manager*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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. USDA is an equal opportunity provider, employer, and lender.