

RAISIN ADMINISTRATIVE COMMITTEE
2445 Capitol Street, Suite 200
Fresno, California 93721
Phone: (559) 225-0520

EXPORT PROGRAM APPLICATION/DEPOSIT

The undersigned Packer hereby requests approval by the Raisin Administrative Committee (RAC) of this application. It is understood that upon such approval the Packer has agreed to purchase, and the RAC has agreed to sell, the quantity of natural condition raisins specified herein for use in fulfilling the sales contract described below, such purchases and sales to be subject to the terms and conditions of the above named agreement and offer.

Varietal Type: _____ *(specify)*

Pack Style	No. of Cases	Packed Weight	Replacement Factor*	Total Qualified Packed Weight
<i>Specify weight in pounds</i>			Total Qualified Packed Weight	

Natural Condition Weight

Shrinkage Allowance

Total Packed Weight (lbs) ÷ _____

shrink factor

Gross Amount at \$ _____ \$ _____

Less: State Advertising at \$ _____ \$ _____

Amount Due \$ _____

Country _____

Exporter/Importer _____

Intended Shipment Date _____

*See Instructions

Packer Reference Number _____

**See Instructions

Must agree with Reference No. on Truck & Ocean Bills of Lading

The making of any false statement or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of title 18, section 1001 of the United States Code, which provides for a penalty of a fine or imprisonment of not more than five years, or both.

Packer: _____

By: _____

Date: _____

FOR RAC USE ONLY
Date _____
Check No. _____

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 10 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.

INSTRUCTIONS FOR COMPLETING FORM RAC-100

No cash adjustment payment will be made by the RAC for free tonnage raisins exported until an application is received from the Packer. (7 U.S.C. 608d, 7 CFR 989.67). The Packer must furnish all information provided for in the form except that specified under "FOR RAC USE ONLY."

Varietal Type	Use terminology specified in section 989.11 of Marketing Order No. 989, as amended.
Pack Style	Specify the packed configuration of the cases shipped, such as "30 lbs.," "48/15 oz.," or "36/125 gm."
No. Cases	Specify the number of cases applied for as shipped for the specified pack style.
Packed Weight	Multiply the net weight per case by the number of cases shipped (No. Cases).
Replacement Factor	See Exhibit attached to current circular.
Qualified Packed Weight	Equals "packed weight" multiplied by "replacement factor."
Natural Condition Weight	Equals the sum of the "total qualified weight" divided by the shrink factor as specified in the Export Offer.
Purchase Price	Equals "natural conditioned weight pounds" multiplied by the applicable "purchase price" (see exhibit).
Less State Advertising	Equals "purchase price" multiplied by current "state advertising rate." (Call RAC for current rate).
Amount Due	Equals "gross amount" less "state advertising" amount.
Country	Specify the final country of destination for this shipment.
Exporter/Importer	Specify the name of the Exporter/Importer to whom the raisins were shipped.
Intended Shipment Date	Specify the date the shipment was made from the packing plant. *Documentation may be required to verify shipments.
Packer Reference No.	Provide a reference number that has been used to identify this shipment. **Documentation may be required to verify quality and/or volume.

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, audiotope, 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.

RAC-100 (Exp. x/xxxx) Destroy previous versions.