**FAR WEST SPEARMINT OIL ADMINISTRATIVE COMMITTEE**

**6601 W. Deschutes Ave., Suite C-2**

**Kennewick, WA 99336**

**Phone: (509) 585-5460 or Fax: (509) 585-2671**

**ALLOTMENT BASE TRANSFER FORM**

Pursuant to section 985.59 of Marketing Order No. 985

1. **Producer TRANSFERRING BASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grower’s Name Grower’s No.

 *TRANSFEROR* desires to remain on Committee Mailing List: □ Yes □ No

1. **Producer ACQUIRING BASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Grower’s Name Grower’s No.

1. Quantity being transferred: \_\_\_\_\_\_\_\_\_\_\_ Pounds of **Native** or **Scotch** Class \_\_\_\_\_\_\_\_\_\_
 *(Circle One) (Indicate 1 or 3)*
2. Effective date of transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Crop year when transfer to become effective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Signature of Producer TRANSFERRING Base:**

I certify that the above amounts, class, and dates are correct. \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Signature of Producer ACQUIRING Base:**

I certify that the above amounts, class, and dates are correct and that I have the land and the equipment necessary to produce the oil to meet the bona fide effort requirement associated with this base.

\_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signature of Committee agent executing transfer: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Signature of Manager: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transferring Acquiring**

Allotment Base Prior to Transfer

Quantity Transferred -\_\_\_\_\_\_\_\_\_\_ +\_\_\_\_\_\_\_\_\_

**Allotment Base after Transfer**

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.

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