Federal Marketing Order 983 - Administrative Committee for Pistachios

**Inter-Handler Transfer Report**

Handlers transferring pistachios to another handler within the production area shall complete this form for submission to the Administrative Committee for Pistachios (ACP). The ACP uses this report to track compliance with FMO §983.150 (aflatoxin regulations) and prevent duplication of reported shipments. Inter-handler transfers are also reported by transferring and receiving handlers on line 5 of ACP-7 (Monthly Inventory/Shipment Report).

**Submit to:**

**Administrative Committee for Pistachios**

**4938 East Yale Avenue, Suite 102 Fresno, California 93727**

Phone: (559) 255-6480 Fax: (559) 255-6485
Email: admin@acpistachios.org

**Instructions: Transferring Handler**

Complete this form and sign as transferring handler. Forward the original and a copy to the receiving handler. Submit a copy to the ACP within 30 days of the transfer.

**Instructions: Receiving Handler**

Sign the original form provided by the transferring handler. Submit the signed original ACP-5 to the ACP within 30 days of the transfer.

Handlers are responsible for keeping copies of the completed forms for their records.

**Transferring Handler: record up to three transfers to the named receiving handler**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Transfer | Lot Description | Lot ID/Marks | Weight (Pounds) | Inspected (circle)Yes No |
| Date of Transfer | Lot Description | Lot ID/Marks | Weight (Pounds) | Inspected (circle)Yes No |
| Date of Transfer | Lot Description | Lot ID/Marks | Weight (Pounds) | Inspected (circle)Yes No |

|  |  |  |
| --- | --- | --- |
| Transferring Handler Name | Handler Representative First and Last Name | Title |
|   | Transferring Handler Signature | Signature Date |
| Receiving Handler Name | Handler Representative First and Last Name | Title |
|   | Receiving Handler Signature | 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- 0215. The time required to complete this information collection is estimated to average 12 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. USDA is an equal opportunity provider, employer, and lender.