

SPSC# _____

WASHINGTON CHERRY MARKETING COMMITTEE105 S. 18TH STREET, SUITE 205

YAKIMA, WA 98901-2149

TELEPHONE: (509) 453-4837

FAX: (509) 453-4880

**SHIPPERS/RECEIVERS APPLICATION FOR
SPECIAL PURPOSE SHIPMENT CERTIFICATE**

I request permission to ☐ ship or ☐ receive (***please check applicable box***) sweet cherries from the Marketing Order No. 923 production area (counties in the State of Washington lying east of the Cascade Range) for grading and packing.

In consideration of your granting this permission, I agree to the following stipulations:

1. That I will provide a Special Purpose Shipment Report (SPSR) at close of business every Friday. I will prepare a SPSR on forms furnished by the Washington Cherry Marketing Committee (Committee). One copy will be mailed to the Committee, one copy will be mailed to the local state department of agriculture commodity inspection division, and one copy will be retained for my files. Failure to return the SPSR within 7 business days will result in cancellation of this Special Purpose Shipment Certificate.
2. I certify to the Committee, the U.S. Department of Agriculture, and Washington State Department of Agriculture that any shipments made pursuant to this Special Purpose Shipment Certificate will be made in accordance with the current regulations under Marketing Order No. 923, Chapter 16-414 WAC, Cherries, Chapter 16-461 WAC, Inspection Requirements for Fruit and Vegetables, and Chapter 16-463 WAC, Prohibiting the Sale and/or Movement of Infested Cherries. I have read these regulations and made this application with full knowledge thereof. Further, I agree to forward assessments due on these cherries to the Committee office.

Name _____ Signature _____

Address _____ Date _____
(Street)_____
(City, State, and Zip Code) Telephone _____

ACTION BY THE WASHINGTON CHERRY MARKETING COMMITTEE

Permission is hereby granted/denied to the above shipper/receiver to ship sweet cherries under the Special Purpose Shipments provision under Marketing Order No. 923.

Manager _____ 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 OMB 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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