

**IDAHO-EASTERN OREGON ONION COMMITTEE**

P.O. Box 909, PARMA, ID 83660

PHONE: 208-722-5111 FAX: 208-722-6582

**CERTIFICATE OF PRIVILEGE  
APPLICATION TO MAKE SPECIAL PURPOSE SHIPMENTS**

The Marketing order for onions requires that handlers desiring to make shipments outside the production area to canners, dehydrators, extractors, freezers, and/or pickers, which do not meet the requirements for fresh shipments, shall prior to making such a shipment apply to the Idaho-Eastern Oregon Onion Committee (Committee) for permission. A shipment may be made to a receiver without a COP Permit number, if the sale occurs after 5 pm, on a holiday, or weekend; provided, that both the handler and receiver have had prior approval and this Application is faxed to the Committee prior to shipment.

Receiver & Agent					Phone	
Contact Person(s)						
Address						
City		State		Zip		
Purpose of Shipment(s)	<input type="checkbox"/> Canning	<input type="checkbox"/> Dehydration	<input type="checkbox"/> Experimentation	<input type="checkbox"/> Extracting	<input type="checkbox"/>	
	<input type="checkbox"/> Freezing	<input type="checkbox"/> Pickling				
Type of Sale	<input type="checkbox"/> Spot Sale	<input type="checkbox"/> Volume Sale	Total cwt.			
Shipment Date(s)						
Container(s)	<input type="checkbox"/> 50 lb bags	<input type="checkbox"/> Totes	<input type="checkbox"/> Bins	<input type="checkbox"/> Bulk	<input type="checkbox"/> Other:	

I, the undersigned, hereby certify to USDA and to the Committee, that I have read, fully understand, and agree to comply with 7 CFR § 958.328 which governs the handling of onions, and further agree that none of these special purpose onions will be diverted to any fresh market outlet(s). To the best of my knowledge all statements in this Application are true and complete. In addition, I will prepare an Onion Diversion Report for each Application and submit it to the Committee. The Committee reserves the right to audit the receiver or their agent randomly to verify shipments. Falsification of information on this government document may result in a fine, imprisonment, or both (18 U.S.C. 1001).

Signature			Name			
Title			Date			
Firm					Phone:	
Address						
City		State		Zip		

**COMMITTEE ACTION**

APPROVED  NOT APPROVED Reason not approved:

COP Permit No. \_\_\_\_\_ Date Approved: \_\_\_\_\_ Manager: \_\_\_\_\_

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**OMB No. 0581-0178**

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