

CHERRIES ACQUIRED from PRODUCERS

CIAB
FORM 2

Cherry Industry Administrative Board

P.O. Box 388, DeWitt, MI 48820-0388
Tel: 517/669-1070 Fax: 517/669-1260

Crop Year

The report covers the current crop year from July 1 to June 30. List all fruit received using the raw product volume of fruit delivered. The report is due at the CIAB offices by close of business Eastern time on September 1 of the year.

Handler: _____ Handler ID# _____
Address, City, State, Zip: _____
Telephone No.: _____

All Weights are to be listed at Raw Product Equivalents (RPE)

	Grower Name	CIAB ID#	District # or Name	Cherries Delivered (actual pounds)
1		G		
2		G		
3		G		
4		G		
5		G		
6		G		
7		G		
8		G		
9		G		
10		G		
11		G		
12		G		
13		G		
14		G		
15		G		
16		G		
17		G		
18		G		
19		G		
20		G		
21		G		
22		G		
23		G		
24		G		
25		G		

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true, correct and complete report of the raw product received by the Handler for the current year.

By: _____
Title: _____
Date: _____

Page ____ of ____

According the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number to this information collection is 0581-0177. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing the collection of information.

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, 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.