## SOUTH TEXAS ONION COMMITTEE

901 Business Park Drive, Suite 500 Mission, TX 78572 Phone: (956) 584-9331 Fax: (956) 581-3912

## APPLICATION FOR CERTIFICATE OF PRIVILEGE FOR SPECIAL PURPOSE SHIPMENT REPORTS

Handler Certificate of Privilege No.:\_\_\_\_\_

Effective Date:	Expiration Date:
Certificates of Privilege for Special Purpose Repormarket purposes.	orts are required for the shipment of onions for other than fresh
<b>Purpose of Shipment:</b> $\square$ Canning or Freezing	☐ Relief or Charity ☐ Other
PERSON IN CHARGE OF SPECIAL PURPOSE I	FORMS:
WHERE SHIPMENTS WILL ORIGINATE:PLEASE LIST BELOW THE NAMES AND ADI PURPOSE ONIONS TO:	DRESSES OF CONSIGNEES YOU PLAN TO SEND SPECIAL
Name:	Name:
Name:	Name:
Name:	Name:
Purpose Shipments (Certificate), by virtue of this a must be used for the purpose stated in this applicati become known to me will be reported to the South not knowingly sell or cause to be sold onions which in violation of Certificate. I acknowledge that	ee, that all onions granted a Certificate of Privilege for Special application and corresponding Special Purpose Shipment Reports ion and any deviation or infringement of this privilege which shall a Texas Onion Committee (Committee) promptly. Further, I will ch have been granted a Certificate of Privilege and are to be used making of a false or fraudulent statement for the purpose of all, upon conviction, be subject to a fine or imprisonment, or both
Company Name	Authorized Signature
Mailing Address (Street or Box No., City, State, an	ıd Zip Code)
Physical Address (if different than above mailing a	ddress)
Telephone Number Fax N	Tumber Email Address
FOR OFFICE USE ONLY: COMMITTEE APPRO	DVAL: DATE:

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