

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)	☐ Canning ☐ Dehydration ☐ Experimentation ☐ Extracting ☐ ☐ Freezing ☐ Pickling					
Type of Sale	☐ Spot Sale ☐ Volume Sale			Total cwt.		
Shipment Date(s)						
Container(s)	☐ 50 lb bags ☐ Totes ☐ Bins ☐ Bulk ☐ 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: _____

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 0581-0178. The time required to complete this information collection is estimated to average 8 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.