100 N. Fruitland, Suite B Kennewick, WA 99336 Phone: (509) 585-5460

APPLICATI	ON FOR CLASS 3 (NATIVE) ANNUAL ALLOTMENT
I request that	an Annual Allotment Certificate be issued in the name

Please: 1) Line through fields you have taken out.

- 2) Add NEW fields and descriptions below.
- 3) Indicate how many years, including this year, each field has been in production.

Old	Years in	Location Description
Acres	Production	
	0	

Total	Total		
New	Old		
		C: and	
		Signed: _	

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 5 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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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

100 N. Fruitland, Suite B Kennewick, WA 99336 Phone: (509) 585-5460

Application for Additional Base CLASS 3 (NATIVE)

Pursuant to section 985.153(c)(2) of Marketing Order No. 985, I hereby request that the appropriate quantity of additional base be issued to me effective June 1, 20___.

Additional Base Will be Added to:

(If more than	ı one	entity,	please	circle	entity to	o receive	additional	base

Signed _____

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Form K-3 (Rev. 01/2014. Destroy previous editions.)

100 N. Fruitland, Suite B Kennewick, WA 99336 Phone: (509) 585-5460; Fax: (509) 585-2671

20___ - 20___ APPLICATION FOR NEW ALLOTMENT BASE CLASS 3 – NATIVE

(Please read reverse side BEFORE filling out Application)

Name (Please Print)	Age		Date		
Address				Telephone N	0.
City	State	Zip Code	Place of Empl	loyment	
Briefly explain your present invinvolved in farming. See Item			oe eligible, the app	plicant must be C	URRENTLY
If drawn, where will you plant	the spearmint?		(Cc	ounty)	_ (State)
Who will distill the spearmint?				(Stil	ll Owner)
Briefly explain how you will m have in the production of the oi arrangements).					
I certify to the Far West Spearn Agriculture that the above informapplication form and that I mee	rmation is true.	I further certify that I			
		Signa	ature		
Making false certification, knothe U.S. Code.	wing it to be fals	e, to the U.S. Govern	nment is a violatio	on of title 18, sect	ion 1001 of
THE APPLICATION MUST	BE RETURNE	ED BY AUGUST	_, 20		

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Form L-3 (Rev. 01/2014. Destroy previous editions.)

TO: Applicants for New Allotment Base:

In order to qualify for Allotment Base as a new grower, you must apply on the form on the reverse side of this notice. The form must be filled out completely or it will not be included with the eligible growers. In keeping with the stated intent of section 985.153(c) of the Marketing Order, the Committee must determine whether or not the applicant has the ability to produce spearmint oil. To be eligible as a new grower, there are several requirements that must be met. If you would be disqualified for *any one* of the following, please do not apply.

- 1. The applicant must not now be, nor, in the past, have been involved in the ownership of base (i.e., a part of a corporation, partnership, or any other business entity that has owned, or currently owns base).
- 2. The applicant must be able to show present involvement in farming (i.e., they must already have their own capital at risk and be involved in the day to day activities associated with their own farming operation before they can apply for spearmint base). They must be able to produce the appropriate class of spearmint oil and, if requested, be able to submit evidence showing that they will have a proprietary (financial) interest in the production of the oil.
- 3. The growers who are drawn for new base will have to have acres planted by the spring of 20__. The Marketing Order requires that the production of this spearmint be independent of any other producer. It is important that applicants carefully consider their ability to produce their own oil by next year. Failure to do so could result in the loss of their base.
- 4. Only one applicant per business unit.
- 5. The applicant must be a citizen of the United States.
- 6. The applicant must be 18 years of age or older.
- 7. Recipients of new base will not be able to transfer the base to another entity during the first two years following the year of issuance of the new base. They must satisfy the bona fide effort requirement during each of these two years.

ALL APPLICANTS WILL BE CAREFULLY SCREENED PRIOR TO THE DRAWING. THOSE NOT MEETING THE BASIC REQUIREMENTS AS STATED ABOVE WILL BE NOTIFIED OF SUCH AND TAKEN OUT OF THE LOT. THOSE APPLICANTS WHO ARE DRAWN WILL BE CHECKED MORE CLOSELY, AND, IF IT IS FOUND THAT THEY DO NOT MEET THE REQUIREMENTS, WILL BE DEEMED INELIGIBLE FOR THE NEW BASE. IF THE APPLICANT IS DEEMED INELIGIBLE, THE COMMITTEE MAY REDRAW THE BASE FOR THAT REGION.

If you have any questions concerning the application or drawing, please call the Committee office at 1- (509) 585-5460.

All applications must be submitted to the office by August, 20 The drawing will be held August, 20, at 11:30 a.m. at the Committee office at 100 North Fruitland, Suite B, Kennewick, WA 99336.
Thank you,
Manager

100 N. Fruitland, Suite B Kennewick, WA 99336 Phone: (509) 585-5460; Fax: (509) 585-2671

CLASS THREE BASE CERTIFICATEFar West Spearmint Oil Administrative Committee

) for
is established at lbs. effective.	

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Form J-3 (Rev. 01/2014. Destroy previous editions.)

ANNUAL ALLOTMENT CERTIFICATE CLASS 3

	DATE//		Bv	
N A	Name of HAN	DLER or, CY, Other GROWER		Signature of HANDLER or Committee Agent
T I V E				S. is a violation of title 18, section of not more than five years, or both.
	WHITE – Committee Office	YELLOW – Attached to Purc	nase Voucher	Balance PINK – Handler
	DATE/ Name of HAN		Ву	
N A T	Name of HAN if DEFICIENC	IDLER or, CY, Other GROWER	5	Signature of HANDLER or Committee Agent
I V E				S. is a violation of title 18, section of not more than five years, or both.
Ŀ				Balance
		YELLOW – Attached to Purch		PINK – Handler
	DATE / /		$\mathbf{R}\mathbf{v}$	
N	DATE/	IDLER or,	Бу	Signature of HANDLER or Committee Agent
A		CY, Other GROWER	(or Committee Agent
T I V E	The making of a false certification 1001, of the U.S. Code, which pro			of not more than five years, or both.
		YELLOW – Attached to Purc		
	DATE/		Ву	
N A	DATE/ Name of HAN if DEFICIENC	IDLER or,	\$	Signature of HANDLER
T T	II DEFICIENC	21, Other OKOWEK	(or Committee Agent
I V E	The making of a false certification 1001, of the U.S. Code, which pro			S. is a violation of title 18, section of not more than five years, or both.
L	WHITE – Committee Office	YELLOW – Attached to Purc	nase Voucher	Balance PINK – Handler
			Dv	
	DATE/		Бу	
A	DATE//Name of HAN if DEFICIENC	IDLER or, CY, Other GROWER		Signature of HANDLER or Committee Agent
N A T I V E	if DEFICIENCE. The making of a false certification	CY, Other GROWER I, knowing it to be false, to an	agency of the U.	or Committee Agent