

SOUTH TEXAS ONION COMMITTEE
 901 Business Park Drive, Suite 500 Mission, TX 78572
 Phone: (956) 584-9331 Fax: (956) 584-0300

**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 Reports are required for the shipment of onions for other than fresh market purposes.

Purpose of Shipment: ☐ Canning or Freezing ☐ Relief or Charity ☐ Other _____

PERSON IN CHARGE OF SPECIAL PURPOSE FORMS: _____
 WHERE SHIPMENTS WILL ORIGINATE: _____
 PLEASE LIST BELOW THE NAMES AND ADDRESSES OF CONSIGNEES YOU PLAN TO SEND SPECIAL PURPOSE ONIONS TO:

Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

I, the undersigned applicant, understand and agree, that all onions granted a Certificate of Privilege for Special Purpose Shipments (Certificate), by virtue of this application and corresponding Special Purpose Shipment Reports, must be used for the purpose stated in this application and any deviation or infringement of this privilege which shall become known to me will be reported to the South Texas Onion Committee (Committee) promptly. Further, I will not knowingly sell or cause to be sold onions which have been granted a Certificate of Privilege and are to be used in violation of Certificate. I acknowledge that making of a false or fraudulent statement for the purpose of influencing the actions of a government agency shall, upon conviction, be subject to a fine or imprisonment, or both (18 U.S.C. 1001).

 Company Name Authorized Signature

 Mailing Address (Street or Box No., City, State, and Zip Code)

 Physical Address (if different than above mailing address)

 Telephone Number Fax Number

FOR OFFICE USE ONLY: COMMITTEE APPROVAL: _____ **DATE:** _____

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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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.

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**CERTIFICATION FOR HANDLING ONIONS FOR PROCESSING
CANNERS AND/OR FREEZERS**

Effective Date: _____ Expiration Date: _____

No shipments of special purpose onions may be made unless this form is completed and returned to the South Texas Onion Committee (Committee) (7 CFR 959.126). Two copies of this Certification are enclosed. If you plan to purchase onions that do not meet the South Texas Onion Rules and Regulations for **CANNING OR FREEZING**, you must complete this Certification and return one copy to the Committee, retaining the other copy for your files.

It is understood and agreed to by me, the undersigned applicant, that all onions granted a Certificate of Privilege for Special Purpose Shipments, by virtue of this application and corresponding Special Purpose Shipment Reports, must be used for the purpose stated in this application and any deviation or infringement of this privilege which shall become known to me will be reported to the South Texas Onion Committee promptly. Further, I will not knowingly sell or cause to be sold onions which have been granted a Certificate of Privilege and are to be used in violation of Certificate. I acknowledge that making of a false or fraudulent statement for the purpose of influencing the actions of a government agency shall, upon conviction, be subject to a fine or imprisonment, or both (18 U.S.C. 1001).

Print Name_____
Signature_____
Firm Name_____
Title_____
Telephone Number_____
Fax Number_____
Date_____
Street or Box Number, City, State, and Zip code_____
Physical address (if different than above mailing address)_____
Person in Charge of SPECIAL PURPOSE FORMS:**PLEASE POST A COPY OF THIS CERTIFICATION IN YOUR RECEIVER'S OFFICE**

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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**CERTIFICATION FOR SUBCONTRACTORS WHO PEEL AND/OR CHOP ONIONS FOR
 PROCESSORS FOR SPECIAL PURPOSE ONION SHIPMENTS**

Effective Date: _____ Expiration Date: _____

No shipments of special purpose onions may be made unless this form is completed and returned to the South Texas Onion Committee (Committee) (7 CFR 959.126). Two (2) copies of this Certification are enclosed. If you plan to peel and/or chop special purpose onions for processors (**canners and/or freezers**), you must fill out this Certification and return one copy to the Committee. You may retain the other copy for your records.

It is understood and agreed to by me, the undersigned applicant, that all onions granted a Certificate of Privilege for Special Purpose Shipments, by virtue of this application and corresponding Special Purpose Shipment Reports, must be used for the purpose stated in this application and any deviation or infringement of this privilege which shall become known to me will be reported to the Committee promptly. Further, I will not knowingly sell or cause to be sold onions which have been granted a Certificate of Privilege and are to be used in violation of Certificate. I acknowledge that making of a false or fraudulent statement for the purpose of influencing the actions of a government agency shall, upon conviction, be subject to a fine or imprisonment, or both (18 U.S.C. 1001).

 Print Name

 Signature

 Firm Name

 Title

 Telephone Number

 Fax Number

 Date

 Street or Box Number, City, State, and Zip Code

 Physical address if different than above mailing address

List the name and address of companies you will be peeling and/or chopping for:

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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REPORT OF SPECIAL PURPOSE ONION SHIPMENT

Handler Certificate of Privilege No. _____ Date _____, 20____

Receiver _____

Address _____

Truck No. _____ Trailer No. _____

☐ Canning or Freezing

☐ Relief or Charity

☐ Other _____

Print Carrier's Name _____

Carrier's Signature _____

Carrier's signature acknowledges this shipment cannot be diverted to any other receiver without contacting the handler.

Quantity: _____ Total Pounds
 (ATTACH WEIGHT TICKET)

The undersigned certifies that these onions are in compliance with the regulations of Marketing Order No. 959 for Onions Grown in South Texas.

Handler Name _____
 Signature _____

TO BE COMPLETED BY RECEIVER

Quantity Received _____

The undersigned acknowledges receipt of and certifies that the above onions will be diverted from fresh channels in accordance with the regulations of the South Texas Onion Committee.

Receiving Organization _____

Authorized Representative _____

ORIGINAL (white copy) must be promptly mailed to the South Texas Onion Committee (Committee). **DUPLICATE** (canary copy) and **TRIPLICATE** (pink copy) shall be given to party receiving the onions. Upon arrival at destination, the party transporting the onions shall give both copies to the party actually receiving the onions, whereupon said party shall insert the quantity of onions received, sign and promptly mail the CANARY copy to the Committee. The TRIPLICATE (pink copy) may be retained by the receiver. **QUADRUPLICATE** (gold copy) may be retained by Handler authorizing the movement of onions from source.

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