APPLICATION FOR WAIVER OF INSPECTION AT TIME OF SHIPMENT

I. I hereby request that I be granted permission by the Washington Apricot Marketing Committee (Committee) to handle apricots during the period and in the manner specified below in accordance with the modified inspection requirements of the Committee as set forth in the Administrative Rules issued pursuant to Marketing Order No. 922.

1. Name and address
2. Location of packing facility
3. Distance of packing facility from the nearest inspection office
4. Period during which I expect to ship apricots
5. The estimated quantity of apricots I expect to ship to the fresh market during such period
6. The manner in which the majority of my apricots will be marketed (i.e. transported by myself to market, sold at orchard to truckers, etc.)
7. The areas or markets in which I expect to ship the majority of my apricots (i.e. local markets in the area of the orchard, major terminal markets within the State such as Spokane or the Seattle-Tacoma area, to markets outside the State of Washington, etc.)

II. Certification by Applicant

I hereby certify that all apricots shipped by me, pursuant to the authority granted by this permit, will be handled in accordance with all requirements of Washington Apricot Marketing Order No. 922, and the regulations issued pursuant thereto, and I hereby certify to the U.S. Department of Agriculture (USDA) that the information I have furnished in this application is true and correct to the best of my knowledge, and that I realize the making of a false certification, knowing it to be false, is a violation of Title 18, Section 1001 of the United States Code, among other statutes, which provides for a fine, imprisonment, or both.

Applicant’s Signature  Address       Date

III. Action by the Washington Apricot Marketing Committee -- Marketing Order No. 922

Permission is hereby ______________ (granted/denied) the above applicant to handle apricots during the period from ______________ to ______________ (dates) in accordance with the modified inspection requirements as set forth in the Administrative Rules of the Washington Apricot Marketing Order and subject to those conditions set forth in this application form.

Date ______________       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 OMB 0581-0189. 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 following conditions are made part of the applicant’s certification, and the applicant, by signing such certification, agrees to abide by the following conditions:

1. I agree not to ship or handle any apricots unless such apricots meet the grade, size, maturity, container and all other requirements of the Marketing Order in effect at the time of handling.

2. I agree to report periodically to the Committee on reporting forms furnished by the Committee, the following information on each shipment: quantity, variety, grade, minimum size, container, date of shipment, destination, name and address of buyer or receiver.

3. I agree to permit representatives of the Committee or the USDA to inspect and observe my packing operations at any time for the purpose of determining compliance with the Marketing Order.

4. The Federal-State Inspection Program shall have the right to observe my packing operations at any time and make inspection of lots prepared by me for shipment to the fresh market. The cost of such inspection, including mileage and travel time, shall be borne by me and computed in accordance with the official fee schedule as published by the Washington State Department of Agriculture and in effect at the time such inspection is made.

5. At the request of the Committee, I agree to obtain inspection at destination on any individual shipment. The cost of such inspection shall be borne by me.

6. The Committee or its duly designated inspection agency shall have the right to obtain inspection in the name of the Committee on any apricots in terminal markets which were shipped by me pursuant to a permit issued under this Section. The Committee shall have the right to bill me for the cost of such inspection.

7. I agree to pay the committee the amount of $______ per container of apricots shipped under this Agreement. Such amount being paid in lieu of inspection charges at shipping point.

8. I understand that any violation of the terms and conditions of this permit will constitute a violation of the Washington Apricot Marketing Order No. 922, and, furthermore, will constitute cause for cancellation by the Committee of such permit.

9. The waiver number is required to appear on all documents that accompany each shipment.

____________________________________________________________________________________________

INSTRUCTIONS TO APPLICANT

Part I and II of this form shall be prepared by the applicant and all three copies mailed to the Committee office. The Committee Manager will contact the applicable District Supervisor of the Inspection Department for his approval. The Committee Manager will then notify the applicant of the action taken on the application by mailing one copy to the applicant, and one copy to the applicable inspection office, and will keep one copy for the Committee’s files.

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.