

**SOUTH TEXAS ONION COMMITTEE**  
901 Business Park Drive, Suite 500, Mission, TX 78572  
Phone: (956) 584-9331\* Fax: (956) 581-3912

**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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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