WALLA WALLA SWEET ONION MARKETING COMMITTEE
6601 W. Deschutes Ave., Suite C-2
Kennewick, WA 99336
Phone: (509) 585-5460 or Fax: (509) 585-2671

SHIPPERS/RECEIVERS APPLICATION FOR CERTIFICATE OF PRIVILEGE

I request permission to □ SHIP □ RECEIVE Walla Walla sweet onions for grading, packing, or storing outside the Marketing Order No. 956 production area (7 C.F.R. 956.4).

In consideration of granting this permission, I agree to the following stipulations:

1. I will provide a Special Purpose Shipment Report on Walla Walla Sweet Onion Marketing Committee Form No. 4 for all Walla Walla sweet onions handled under this Certificate of Privilege. One copy will be mailed to the Committee and one copy will be retained for my files.

2. I certify to the Walla Walla Sweet Onion Marketing Committee (Committee) and to the U.S. Department of Agriculture that any shipments made pursuant to this Certificate of Privilege will be made in accordance with the provisions of Marketing Order No. 956, including but not limited to any grade, size, quality, maturity, pack or container requirements that may currently be in effect. I have read and understand these provisions and make this application with full knowledge thereof. I agree not to knowingly disparage the name, quality, use, or value of Walla Walla sweet onions. I further agree that if I receive product under this Certificate of Privilege, I will forward to the Committee all assessments due on Walla Walla sweet onions handled.

Company Name _______________________________________________________________________
Contact Name __________________________________________ Telephone _____________________
Address ______________________________________________________________________________
Signature _____________________________________________ Date ________________________

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ACTION BY THE WALLA WALLA SWEET ONION MARKETING COMMITTEE

Permission is hereby □ granted □ denied to the above-named shipper/receiver to ship or receive Walla Walla sweet onions under Certificate of Privilege No. ________________________

Manager _____________________________________________________ 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 2 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.

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.

Form 3 (Exp. 3/31/2024) Destroy previous editions.