

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 _____

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.

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Form 3 (Exp. 4/30/2027) Destroy previous editions.