

IDAHO-EASTERN OREGON POTATO COMMITTEE

3670 South 25th Street East
 Idaho Falls, Idaho 83404
 Phone: (208) 529-8057/Fax: (866) 672-6425

Certificate No.: _____

Effective Date: _____

Expiration Date: _____

**APPLICATION FOR CERTIFICATE OF PRIVILEGE
 FOR SPECIAL PURPOSE SHIPMENT REPORTS**

Certificate of Privilege for Special Purpose Reports are required for the shipment of potatoes for other than fresh market purposes.

CHECK THE INTENDED USE FOR WHICH YOUR POTATOES WILL BE SHIPPED: CHIPPING
 CANNING FLAKE SHOESTRING CHARITY OTHER

CWT To Be Shipped: _____ **Shipment Date:** _____

Shipment Destination:

It is understood and agreed to by me, the undersigned applicant, that all potatoes 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 Potato Committee promptly. Further, I will not knowingly sell or cause to be sold potatoes which have been granted a Certificate of Privilege and are to be used in violation of Certificate. I am aware that when Special Purpose Shipment Reports are used, the RECEIVER must return a copy of the report to the Potato Committee within 15 days.

In addition to the penalties provided in 608(c)(14) of the Agricultural Marketing Agreement Act of 1937, as amended, I acknowledge that under title 18, section 1001, of the United States Code, any person who knowingly makes 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.

 Authorized Signature

 Company Name

 Address

 City, State, and Zip Code

 Approved by Potato Committee

 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 10 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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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.

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