

FAR WEST SPEARMINT OIL ADMINISTRATIVE COMMITTEE
6601 W. Deschutes Ave., Suite C-2
Kennewick, WA 99336
Phone: (509) 585-5460 or Fax: (509) 585-2671

ALLOTMENT BASE TRANSFER FORM
Pursuant to section 985.59 of Marketing Order No. 985

1. **Producer TRANSFERRING BASE:** _____
Grower's Name Grower's No.

TRANSFEROR desires to remain on Committee Mailing List: Yes No

2. **Producer ACQUIRING BASE:** _____
Grower's Name Grower's No.

3. Quantity being transferred: _____ Pounds of **Native** or **Scotch** Class _____
(Circle One) *(Indicate 1 or 3)*

4. Effective date of transfer: _____

5. Crop year when transfer to become effective: _____

6. Signature of Producer TRANSFERRING Base:

I certify that the above amounts, class, and dates are correct. ___/___/___
___/___/___

7. Signature of Producer ACQUIRING Base:

I certify that the above amounts, class, and dates are correct and that I have the land and the equipment necessary to produce the oil to meet the bona fide effort requirement associated with this base.

___/___/___
 ___/___/___

8. Signature of Committee agent executing transfer: ___/___/___

9. Signature of Manager: ___/___/___

	Transferring	Acquiring
Allotment Base Prior to Transfer		
Quantity Transferred	- _____	+ _____
Allotment Base after Transfer		

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