

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
SPECIALTY CROPS PROGRAM

**CERTIFIED ORGANIC HANDLER APPLICATION
FOR EXEMPTION FROM MARKET PROMOTION ASSESSMENTS
PAID UNDER FEDERAL MARKETING ORDERS**

SECTION 1 - HANDLER APPLICATION

The information on this form is required to make a determination concerning a handler's eligibility for exemption from the portion of a Federal marketing order assessment applicable to marketing promotion, including paid advertising. PLEASE SUBMIT THIS APPLICATION TO THE APPROPRIATE MARKETING COMMITTEE/BOARD/COUNCIL.

Date: _____

To: American Pecan Council _____ (Committee/Board/Council)

Applicant's First and Last Name: _____

Company: _____

Mailing Address: _____

Telephone No.: _____ Fax No.: _____

Email Address (optional): _____

In order to be exempt, the above-named applicant/company must meet all of the following (*please check*):

- ☐ Maintain a valid organic certificate issued under the Organic Foods Production Act of 1990 (7 U.S.C. 6501 et seq.) (OFPA) and the National Organic Program (NOP).
- ☐ Handle or market organic products eligible to be labeled 'organic' or '100 percent organic' under the NOP.
- ☐ Be subject to assessments under the Federal marketing order program for which this exemption is requested.

Please indicate the number of organic certified producers for whom you handle or market, and include yourself in the total if you handle or market your own production: _____

Attach a copy of your certificate of organic operation and all applicable producer certificates of organic operation provided by a USDA-accredited certifying agent under the OFPA and the NOP.

I certify that, at the signing of this statement and for the signed date, the above is true:

Signature

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 is 0581-0216. The time required to complete this information collection is estimated to average 15 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.

SECTION 2 - COMMITTEE/BOARD/COUNCIL NOTIFICATION OF EXEMPTION *(completed by Committee/Board)*

Your application dated _____, 20____, requesting exemption from marketing promotion assessments, including paid advertising, as specified under the provisions of § 900.700 has been:

- ☐ Approved, subject to compliance with § 900.700 regulations for the 20____ through 20____ assessment period.
- ☐ Disapproved (attached are the reasons for disapproval).

Marketing Committee/Board/Council Representative Signature

Date

*The approved applicant continues to be obligated to pay assessments that are associated with any agricultural products that do not qualify for an exemption under this approval. In addition, for exempted products, the approved applicant continues to be obligated to pay the portion of the assessment associated with the other authorized activities under the Federal marketing order other than marketing promotion, including paid advertising. The approved applicant should contact the appropriate committee/board/council to receive more information regarding the payment of assessment obligations that are not exempt as a result of this approval. A copy of the regulations contained in § 900.700 is available from the committee/board/council upon request.

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, 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.