

**SOUTH TEXAS ONION COMMITTEE**  
 901 Business Park Drive, Suite 500 Mission, TX 78572  
 Phone: (956) 584-9331 Fax: (956) 584-0300

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

**Handler Certificate of Privilege No.:** \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**Purpose of Shipment:**  Canning or Freezing  Relief or Charity  Other \_\_\_\_\_

PERSON IN CHARGE OF SPECIAL PURPOSE FORMS: \_\_\_\_\_

WHERE SHIPMENTS WILL ORIGINATE: \_\_\_\_\_

PLEASE LIST BELOW THE NAMES AND ADDRESSES OF CONSIGNEES YOU PLAN TO SEND SPECIAL PURPOSE ONIONS TO:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

I, the undersigned applicant, understand and agree, that all onions 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 South Texas Onion Committee (Committee) promptly. Further, I will not knowingly sell or cause to be sold onions which have been granted a Certificate of Privilege and are to be used in violation of Certificate. I acknowledge that making of 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 (18 U.S.C. 1001).

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Mailing Address (Street or Box No., City, State, and Zip Code)

\_\_\_\_\_  
 Physical Address (if different than above mailing address)

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Fax Number

**FOR OFFICE USE ONLY: COMMITTEE APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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