

# SPECIALTY CROPS PROGRAM EXPORT FORM CERTIFICATE

**X-**

**NOTICE TO APPLICANT/SHIPPER: APPLES and GRAPES:** This certificate must accompany export shipments and be presented to the **U.S. Customs and Border Protection Service (CBP)**. Electronically scanned version must be submitted with entry documents to CBP's Automated Commercial Environment (ACE) system. If the original does not accompany shipment and is not loaded to CBP's ACE system, the shipment may be denied exit from U.S. Commerce or placed under detention.

**SHIPMENTS to CANADA:** The original of this certificate must accompany regulated shipments and be presented to Canada Customs for entry. If the original does not accompany shipment, the shipment may be denied entry or placed under detention for failure to comply with the Safe Food for Canadians Regulations.

**WARNING:** Any person who knowingly shall falsely make, issue, alter, forge, or counterfeit this certificate, or participate in any such actions, is subject to a fine of not more than \$1,000 or imprisonment for not more than one year, or both.

DATE CERTIFICATE ISSUED	M	M	D	D	Y	Y		COUNTRY OF DESTINATION:	
APPLICANT/ SHIPPER:								CITY/STATE:	
RECEIVER:								CITY/PROVINCE/ COUNTRY:	
<input type="checkbox"/> CARRIER ID: <input type="checkbox"/> PLI No.:								CERTIFICATE/ WORKSHEET NUMBER:	

[illegible]

THIS IS TO CERTIFY THAT THE ABOVE IDENTIFIED UNIT(S) MEET THE REQUIREMENTS OF THE:

- ☐ EXPORT APPLE ACT   ☒ EXPORT CHERRY AND PLUM ACT   ☐ EXPORT GRAPE AND PLUM ACT except for export to destinations in Europe, Greenland or Japan
- ☐ CANADIAN IMPORT REQUIREMENTS FOR GRADE, PACKAGING, LABELLING, AND STANDARD CONTAINER SIZE.

REMARKS:

FEE:	\$	I, the undersigned, a duly authorized inspector of the United States Department of Agriculture, do hereby certify that samples of the herein described product were inspected and the grades as shown by said samples were as herein stated.	
OVERTIME:	\$		
EXPENSES:	\$		
ESTIMATED TOTAL			
\$		INSPECTOR'S SIGNATURE	ISSUING OFFICE

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 0581-0143. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing the instruction, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information.

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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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 [How to File a Program Discrimination Complaint](#) 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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EXAMPLE