

CRANBERRY MARKETING COMMITTEE
 219A Main Street
 Wareham, MA 02571
 Phone: (508) 291-1510
 Fax: (508) 291-1511



INTER-HANDLER TRANSFER REPORT
20__ CROP YEAR
SEPTEMBER 1, 20__ – DECEMBER 31, 20__
Handler: _____

Enter details of Inter-Handler transfer information shown in Section C of the Inventory Report Form.

SECTION A: If there were no inter-handler transfers of cranberries made to other handlers during this reporting period, indicate as such by checking the box below.

☐ **I hereby certify that no transfers were made to other handlers through inter-handler transfers during this reporting period.**

Transfers Made To Other Handlers

- | | |
|--|--------------------------------------|
| 1. Transferred to: (Receiving Handler) | Number of barrels transferred: _____ |
| Handler Name: _____ | |
| Address: _____ | |
| 2. Transferred to: (Receiving Handler) | Number of barrels transferred: _____ |
| Handler Name: _____ | |
| Address: _____ | |
| 3. Transferred to: (Receiving Handler) | Number of barrels transferred: _____ |
| Handler Name: _____ | |
| Address: _____ | |

SECTION B: If cranberries were not received from other handlers through inter-handler transfers during this reporting period, indicate as such by checking the box below.

☐ **I hereby certify that no cranberries were received from other handlers through inter-handler transfers during this reporting period.**

Transfers Received from Other Handlers

- | | |
|--|-----------------------------------|
| 1. Received from: (Transferring Handler) | Number of barrels received: _____ |
| Handler Name: _____ | |
| Address: _____ | |
| 2. Received from: (Transferring Handler) | Number of barrels received: _____ |
| Handler Name: _____ | |
| Address: _____ | |
| 3. Received from: (Transferring Handler) | Number of barrels received: _____ |
| Handler Name: _____ | |
| Address: _____ | |

I hereby certify that the foregoing is a true and accurate representation regarding inter-handler transfers made or received during the reporting period.

Signature _____
 Title _____

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 0581-0189. The time required to complete this information collection is estimated to average 20 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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