

## CALIFORNIA OLIVE COMMITTEE GROWER IDENTIFICATION NUMBER (GIN) APPLICATION FOR THE 20\_\_- FISCAL YEAR

Date:

I hereby apply for a Grower Identification Number (GIN) for the 20 - Fiscal Year, and certify that I am, and/or expect to be, a producer of conventional ripe olives during the 20 - Fiscal Year.

I hereby certify that the properties listed on this form are a true and complete list, to date, of all my properties upon which conventionally ripe olives are being produced under this GIN Name. If any additional properties are acquired by, or transferred to me, I will notify the California Olive Committee promptly, and request that such additional acreage be added to this list.

APPLICATION I	FOR GIN:	_			
GIN Name:					
Additional delivery ide	ntification:(K	Ranch/orchard numbe	er or name that ma	ty be used to	identify these olives)
Bell Carter Foods Growe	er Number:	Mus	co Olive Company	Grower Nu	mber:
Grower/Applicant	Name:				
Address:		City:		State:	Zip:
Phone:	Fax:	Ema	il Address:		
Acres (listed by va	riety):				
I want to receive in	spection certificat	es via: (indicate	one)		
Email We	ebsite Re	gular Mail	Pick up at	Plant	Fax <u>Text</u>

## FARM MANAGEMENT

Name of the entity, (other than above) engaged in farming or providing farm management of your property.

Farm Management Nan	ne or Contact Person:				
	(Type or Print)				
Should they have access to inspection certificates identified with this GIN Name? Yes					
Phone Number:	Email Address:				

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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.