

ALMOND BOARD OF CALIFORNIA
 1150 9th Street, Suite 1500
 Modesto, CA 95354
 Tel: (209) 549-8262 Fax: (209) 550-5494

ACCEPTED USER BUSINESS DATA SHEET

Name: _____

Mailing Address: _____

Street Address: _____

Facility Location: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ SSN or EIN: _____

Business/Organization Type: _____ **Years in Business:** _____

☐ Sole Proprietor

☐ Partnership

☐ Corporation

Names and Titles of Principals (Persons owning/managing the business):

Check box that applies to Principals:

Almond Grower: ☐ Yes ☐ No

Almond Handler: ☐ Yes ☐ No

If growers, please provide number of acres and location of orchards: _____

Bank Reference: _____

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed.

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 0581-0178. The time required to complete this information collection is estimated to average 30 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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