

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

Complete form and fax to
the Almond Board of California

HANDLER INFORMATION SHEET

Handler Name:	
Address:	
City, State, Zip Code:	
Telephone:	
Fax Number:	

Company is (check one). If additional space is needed, use reverse side.

☐ **Sole proprietorship**

Owner Name:	
Residential Address:	
City, State, Zip Code:	

☐ **Partnership**

Please give names and residential addresses of all partners. If a limited partnership, please indicate such. (Limited partners need not be listed).

Partner Name:	Residential Address of Partner(s):

☐ **Corporation**

Please give names and residential addresses of officers (if applicable).

Chairman:	
President:	
Vice President:	
Secretary:	
Treasurer:	
State of Incorporation:	

This will acknowledge that I have received a copy of Marketing Order No. 981, a copy of the Administrative Rules and Regulations, and a list of Handler Responsibilities for the 20__ - 20__ Crop Year.

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 0581-0178. The time required to complete this information collection is estimated to average 15 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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