



**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 2013-14 Fiscal Year, and certify that I am, and/or expect to be, a producer of conventional ripe olives during the 2013-14 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 FOR GIN: _____**GIN Name:** _____

Additional delivery identification: _____
(Ranch/orchard number or name that may be used to identify these olives)

Bell Carter Foods Grower Number: _____ *Musco Olive Company Grower Number:* _____

Grower/Applicant Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email Address:** _____

I want to receive inspection certificates via: (indicate one)

Email _____ *Website* _____ *Regular Mail* _____ *Pick up at Plant* _____ *Fax* _____

FARM MANAGEMENT

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

Farm Management Name or Contact Person: _____
(Type or Print)

Should they have access to inspection certificates identified with this GIN Name? Yes _____ No _____

Phone Number: _____ **Email Address:** _____

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 OMB 0581-0178. 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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 http://www.ascr.usda.gov/complaint_filing_cust.html 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 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.