



**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 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:** _____

Acres (listed by variety): _____

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

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

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:** _____

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