

UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
FRUIT AND VEGETABLE PROGRAMS

CONFIDENTIAL PRUNE MARKETING COMMITTEE NOMINEE QUESTIONNAIRE

The following information will be used by the Secretary of Agriculture to determine the eligibility and willingness of nominees to serve on the California Prune Marketing Committee:

(Please fill in all spaces.)

- 1. Name \_\_\_\_\_
- 2. (a) Residence \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)
- (b) Mailing Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
(If same, so state)
- (c) Telephone Number: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

- 3. Number of years experience in the Prune Industry: \_\_\_\_\_
- 4. Are you a commercial producer of prunes? Yes (\_\_\_\_) No (\_\_\_\_)
- 5. Did you produce prunes during the current year? Yes (\_\_\_\_) No (\_\_\_\_).  
The tonnage of prunes produced was \_\_\_\_\_ tons.
- 6. Are you a member of a Cooperative Marketing Association? Yes (\_\_\_\_) No (\_\_\_\_). If yes, give name of Cooperative; if not, give name of firm which handled your prunes: \_\_\_\_\_
- 7. Are you a prune handler, employee, or officer of a prune handler. Yes (\_\_\_\_) No (\_\_\_\_). If yes, please state the following:
  - (a) The name of the handler(s) \_\_\_\_\_
  - (b) Your title or capacity \_\_\_\_\_
  - (c) Number of years experience in the position \_\_\_\_\_
  - (d) Please state the tonnage of prunes handled by your firm during the current crop year: \_\_\_\_\_ tons.

**When acting in my official capacity as a committee representative, I shall engage in only those activities that are authorized under the Prune Marketing Order. I also understand that the committee cannot become involved in lobbying and political activities.**

**I will serve as a member or alternate member on the Prune Marketing Committee if selected by the Secretary of Agriculture.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(If any part of this questionnaire does not apply, please indicate by stating "N.A."for non-applicable.)**

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