

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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