

CALIFORNIA DATE ADMINISTRATIVE COMMITTEE  
P.O. Box 1736  
Indio, CA 92202-1736  
Tel: (760) 347-4510 Fax: (760) 347-6374

### CERTIFICATE OF VOTER ELIGIBILITY

VOTER ELIGIBILITY: Producers who delivered dates to handlers in the current marketing year shall be eligible to vote for producer nominees unless such producers also have a proprietary interest in a date packing facility, as explained in the attached voting guidelines.

Please provide the following information. The Ballot will be invalidated if this certification is not completed.

I, \_\_\_\_\_, of \_\_\_\_\_  
*Print Name* *Address*

do hereby certify that I am a producer of Deglet Noor, Halawy, Khadrawy, or Zahidi dates and that I am qualified to vote for producer representatives to serve on the California Date Administrative Committee (Committee). I also certify that I have no proprietary interest in a date packing facility. (For purpose of this Ballot, ownership of stock in a date packing facility does not preclude an individual from voting as a producer, unless ownership of such stock allows the stockholder to dictate policy in the operation and management of said packing facility.)

I further certify that I have voted on the attached Ballot as one of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Owner-operator         | <input type="checkbox"/> Partnership – Name: _____<br>Partners: _____              |
| <input type="checkbox"/> Cash rent tenant       | <input type="checkbox"/> Corporation – Name: _____<br>Date of Incorporation: _____ |
| <input type="checkbox"/> Share tenant           | <input type="checkbox"/> Estate – Name: _____                                      |
| <input type="checkbox"/> Share landlord         | <input type="checkbox"/> Trust – Name: _____                                       |
| <input type="checkbox"/> Other – Specify: _____ |  |

Name(s) of handler(s) to whom I have delivered dates this marketing year (October 1, 20\_\_ through April 30, 20\_\_): \_\_\_\_\_

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

Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Title (if Corporation, Estate or Trust): \_\_\_\_\_

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 5 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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