

**CALIFORNIA OLIVE COMMITTEE
INTER-HANDLER SALE OR PURCHASE OR CANNED RIPE OLIVES**

(1) TO: California Olive Committee 770 E. Shaw Avenue, Suite 210 Fresno, CA 93710 (2) FROM:	(3) TRANSFER TO:
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(4) REPORT OF INTERHANDLER SALES OR PURCHASE: **RIPE** **GREEN RIPE**

Olive Size S, M, L, Ex L, etc.	STYLE W, Ptd, Brkn Ptd, etc.	CAN SIZE				TOTAL
		6/10	24/300	X	X	
TOTAL						

REPORT STYLES: Whole, Pitted, Broker Pitted, Segmented, Sliced, Chopped

(5) CERTIFICATION AND SIGNATURE: The undersigned, on behalf of the reporting handler, certifies to the California Olive Committee and the Secretary of Agriculture of the United States that this report represents a complete and accurate record of inter-handler sales or purchase of canned ripe olives.

Date	Authorized Official	Receiving Handler	Title	EIN
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This information is used to verify the provisions of the marketing order, 7 CFR 932.161. Making any false statements or representations in any manner within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of title 18, section 1001, of the United States Code, which provides for penalty of a fine or imprisonment, or both.

INSTRUCTIONS ON COMPLETING FORM COC-30

- GENERAL (1): Use this form to report interhandler sales and purchases of canned ripe olives. Delivering handler shall send a copy (photocopy or carbon) of form COC-30 to the California Olive Committee (COC) at the time the fruit is transferred. The **original** COC-30 shall be sent with the shipment. The receiving handler shall sign the **original** COC-30 upon receipt as verification of the shipment. The **original** Form COC-30 with both signatures shall then be forwarded to the COC.
- ITEM (2): Name and address of handler originating sales (seller)
- ITEM (3): Name and address of handler receiving sales (purchaser)
- ITEM (4): Details of transaction:
(a) Type – Ripe or Green Ripe
(b) Olive size – Small, Medium, Large, etc.
(c) Style – Whole, Pitted, Broken Pitted, etc.
(d) Can Size – 6/10, 24/300, etc.
- ITEM (5): Certification and signatures of both delivering and receiving handlers. Both signatures must be on the final **original** Form COC-30 sent to the COC. Please include handler's Employer Identification Number (EIN).

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program.

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 10 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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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.