



OLIVE UTILIZATION AND PRICE INQUIRY

November 1, 2009



USDA, NASS, California
Field Office
P.O. Box 1258
Sacramento, CA 95812
1-800-851-1127 Fax: 1-888-478-5637
E-mail: nass-ca@nass.usda.gov

Dear Handler,

Your assistance is requested in determining California olive production, utilization, and average prices paid to growers for the 2009 and 2008 crop year. Please use this form to report only olives that were received from the grower. Do not include transfers from other handlers.

Please return this report by November 21 in the enclosed postage-paid envelope, or fax it to 1-888-478-5637. You may also complete this survey on the internet from November 9 until November 30. Response to this survey is voluntary and not required by law. However, your cooperation is very important to accurately estimate California's olive production, utilization, and prices. Individual reports are kept confidential and only used in State totals. If you have any questions, please call Aaron Cosgrove at 1-800-851-1127. Thank you.

Variety and Size	Acres	Tons	Average Price Paid to Growers Including Bonuses and Excluding Hauling Allowances	Hauling Allowance
			<i>Dollars per Ton</i>	
2009 Crop				
PROCESSED FOR OIL				
Sevillano				
Manzanillo:				
Argbequia, Arbosana, Koroneiki:				
Other: (Please List)				
PROCESSED FOR OTHER SPECIALTY PRODUCTS 1/				
Sevillano				
Manzanillo				
Other: (Please List)				

1/ Examples of specialty products are as follows: Spanish, Sicilian, and/or Greek style olives.

Comments: _____

Respondent Name: _____ Phone: «PHONE»
 E-mail: «EMAIL» Fax: «PHONEFAX»

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 0535-0039. 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.

9910	MM	DD	YY
Date: ____-____-____			

Response		Respondent		Mode		Enum.	Eval.	Office Use for POID	
1-Comp		9901	1-Op/Mgr	9902	1-Mail	9903	098	100	789
2-R			2-Sp		2-Tel				_____
3-Inac			3-Acct/Bkpr		3-Face-to-Face				_____
4-Office Hold			4-Partner		4-CATI				_____
5-R – Est			9-Oth		5-Web				_____
6-Inac – Est					6-e-mail				_____
7-Off Hold – Est					7-Fax				_____
8-Known Zero					8-CAPI				_____
					19-Other				_____
S/E Name									
Optional Use									
								407	408