ALMOND BOARD OF CALIFORNIA Complete form and fax to

1150 9th Street, Suite 1500 the Almond Board of California

Modesto, CA 95354

Tel: (209) 549-8262 Fax: (209) 550-5494

**HANDLER INFORMATION SHEET**

|  |  |
| --- | --- |
| Handler Name: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Telephone: |  |
| Fax Number: |  |

Company is (check one). If additional space is needed, use reverse side.

**□ Sole proprietorship**

|  |  |
| --- | --- |
| Owner Name: |  |
| Residential Address: |  |
| City, State, Zip Code: |  |

**□ Partnership**

Please give names and residential addresses of all partners. If a limited partnership, please indicate such. (Limited partners need not be listed).

|  |  |
| --- | --- |
| Partner Name: | Residential Address of Partner(s): |
|  |  |
|  |  |

**□ Corporation**

Please give names and residential addresses of officers (if applicable).

|  |  |
| --- | --- |
| Chairman: |  |
| President: |  |
| Vice President: |  |
| Secretary: |  |
| Treasurer: |  |
| State of Incorporation: |  |

This will acknowledge that I have received a copy of Marketing Order No. 981, a copy of the Administrative Rules and Regulations, and a list of Handler Responsibilities for the 20\_\_\_ - 20\_\_\_Crop Year.

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Signature Title Date

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