ALMOND BOARD OF CALIFORNIA 1150 9th Street, Suite 1500 Modesto, CA 95354

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

## ACCEPTED USER BUSINESS DATA SHEET

Name:					
Mailing Address:					
Street Address:					
Facility Location:					
Telephone Number:			Fax Number:		
E-mail Address:			SSN or EIN:		
Business/Organizatio  □ Sole Proprietor  □ Partnership  □ Corporation  Names and Titles of Pr	n Type: rincipals (Persor	Years in Bu	ng the business):	_	
Check box that applic Almond Grower: If growers, please prov	es to Principals □ Yes	: □ No	Handler:	□ Yes	
Bank Reference					

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. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed.

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 30 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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