

ALMOND BOARD OF CALIFORNIA  
 1150 9th Street, Suite 1500  
 Modesto, CA 95354  
 Tel: (209) 549-8262 Fax: (209) 550-5494

Complete form and fax to  
 the Almond Board of California

**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.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

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