



**CALIFORNIA OLIVE COMMITTEE  
GROWER IDENTIFICATION NUMBER (GIN) APPLICATION  
FOR THE 20\_\_ - \_\_ FISCAL YEAR**

Date: \_\_\_\_\_

I hereby apply for a Grower Identification Number (GIN) for the 2013-14 Fiscal Year, and certify that I am, and/or expect to be, a producer of conventional ripe olives during the 2013-14 Fiscal Year.

I hereby certify that the properties listed on this form are a true and complete list, to date, of all my properties upon which conventionally ripe olives are being produced under this GIN Name. If any additional properties are acquired by, or transferred to me, I will notify the California Olive Committee promptly, and request that such additional acreage be added to this list.

**APPLICATION FOR GIN: 0002**

GIN Name: \_\_\_\_\_

Additional delivery identification: \_\_\_\_\_  
(Ranch/orchard number or name that may be used to identify these olives)

Bell Carter Foods Grower Number: \_\_\_\_\_ Musco Olive Company Grower Number: \_\_\_\_\_

Grower/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

I want to receive inspection certificates via: (indicate one)

Email \_\_\_\_\_ Website \_\_\_\_\_ Regular Mail \_\_\_\_\_ Pick up at Plant \_\_\_\_\_ Fax \_\_\_\_\_

**FARM MANAGEMENT**

Name of the entity, (other than above) engaged in farming or providing farm management of your property.

Farm Management Name or Contact Person: \_\_\_\_\_  
(Type or Print)

Should they have access to inspection certificates identified with this GIN Name? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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