

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
SPECIALTY CROPS PROGRAM

CONFIDENTIAL PRUNE MARKETING COMMITTEE NOMINEE QUESTIONNAIRE

The following information will be used by the Secretary of Agriculture to determine the eligibility and willingness of nominees to serve on the Prune Marketing Committee (Committee):

Name: _____ Email Address: _____

Address: _____
Street, City, State, and Zip Code

Mailing Address: _____
(If same, so state) Street, City, State, and Zip Code

Telephone: H: _____ W: _____ C: _____ Fax: _____

No. of years in the prune industry: _____ years. Are you a **commercial producer** of prunes? Yes No

Did you produce prunes during the current year? Yes No If yes, how many tons? _____ tons.
Conventional: _____ tons. Organic: _____ tons.

Are you a member of a **Cooperative Marketing Association**? Yes No If yes, give name of Cooperative; if not, give name of firm that handled your prunes:

Are you a prune **handler, employee or officer of a prune handler**? Yes No If so, give the following:

The name of the handler(s): _____
Your title or capacity: _____ No. of years experience in the position: _____
years
Tonnage of prunes handled by your firm during the current crop year: _____ tons.

Have you previously served on the Prune Marketing Committee? Yes No If yes, how many years: _____

When acting in my official capacity as a committee representative, I shall engage in only those activities that are authorized under the Prune Marketing Order. I also understand that the Committee cannot become involved in lobbying and political activities. I will serve as a member or alternate member on the Committee if selected by the Secretary of Agriculture.

Signature: _____ Date: _____

(If any part of this questionnaire does not apply, please indicate by stating "N.A." for non-applicable.)

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