

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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