



FINAL PACKOUT REPORT INSTRUCTIONS:

1. Enter appropriate Handler/Marketer Information.
2. Across the top of columns, enter the type of pack styles shipped during the crop year. Select pack styles from list below.
3. Enter grower information. If handling fruit for a grower with more than one kiwifruit entity (farm, ranch, block, etc.), list each entry separately.
4. Below the appropriate pack styles, enter the total number of containers shipped for each grower entry during the crop year.
5. Enter acreage amount.
6. Sign and date report.

| Description | Enter this pack style on report |
|---|---|
| 9kg (19.8 lb.) Volume Fill | Volume Fill |
| Single layer tray | Trays |
| Container with 3-layers | 3-Layers |
| 125 lb. Bins | Bins |
| Master Container with 20 - 1 lb. Bags | 20/1# Bags |
| Master Container with 10 - 1kg Bags | 10/1kg Bags |
| Master Container with 6 - 4lb. Clams | 6/4# Clams |
| Master Container with 6 - 3lb. Clams | 6/3# Clams |
| Master Container with 27 -.8lb Clams | 27/.8# Clams |
| Master Container with 18 - 8 ct. Clams | 18/8ct. Clams and net wt. of master container |
| Master Container with 20 - 6 ct. Clams | 20/6ct. Clams and net wt. of master container |
| Returnable Plastic Containers, 9kg | RPC 9kg |
| Containers with 2-layers | 2-Layers and net wt. of container |
| Euro Containers, Must include description and net wt. (i.e. Euro 2-layers, 20#) | Type and net wt. of container |
| Any other container type/consumer pack must include the description and container net wt. | Type and net wt. of container |

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 OMB 0581-0189. The time required to complete this information collection is estimated to average 45 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.

SC-266-8 (Exp. X/XXXX) Destroy previous versions.



FINAL PACKOUT REPORT
CROP YEAR 20__/20__

| | | | | | | | | | |
|--|--|--|---|--|--|--|--------|--|------------------------------------|
| Kiwifruit Administrative Committee (KAC) 1521 "I" Street, Sacramento, CA 95814 Phone #: (916) 441-0678; Fax #: (916) 446-1063 Email: calkiwi@agamsi.com | | | COMPANY: | | | | | | |
| Page 1 of ____ | | | CONTACT: | | | | | | |
| | | | PHONE #: | | | | | | |
| Report is due within thirty (30) days after all fruit has been shipped. | | | PACK STYLE | | | | | | |
| | | | ENTER PACK STYLES USED AT THE TOP OF EACH COLUMN | | | | | | |
| Grower and Farm Name (Please list each entity/farm separately) | Mailing Address City/State/Zip | County Farm Located | | | | | | | Kiwifruit Acreage |
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| Subtotal from other pages | | | | | | | | | |
| Totals | | | | | | | | | |
| <i>I hereby certify to the best of my knowledge and belief that this report is true and complete. I understand that records from which this report is compiled are subject to audit and must be preserved for a period of two years:</i> | | | | | | | | | |
| Date: | | | Signature: | | | | Title: | | |



FINAL PACKOUT REPORT
CROP YEAR 20__/20__

| Page ___ of ___ | COMPANY: | | | | | | | | | |
|---|-----------------------------------|---------------------------|---|--|--|--|--|--|--|----------------------|
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| Enter Subtotals on Page 1 | | | | | | | | | | |

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