

REPORT OF MERCHANTABLE WALNUTS RECEIVED, COMMITTED, AND SHIPPED

This report of merchantable walnuts received, committed, and shipped is submitted in compliance with the requirements of the Federal Marketing Order No. 984, as amended. In executing this form, the handler respectively certifies to the California Walnut Board and to the U.S. Department of Agriculture as to the correctness and completeness of their statement.

- Instructions:
1. Report walnut receipts (received from growers) for the month in Inshell pounds.
 2. Report walnut purchase commitments (sales/not yet shipped) in Inshell and Shelled pounds.
 3. Report inshell and shelled by domestic and export shipments (in pounds).
 4. Report all export shipments by country of destination on the attached page.
 5. If you did not have any receipts, commitments, or shipments, write "NONE" on the form.
 6. Submit a copy to the California Walnut Board (CWB) office on or before _____.

1. WALNUT RECEIPTS (received from growers)		
	Inshell Pounds Conventional	Inshell Pounds Organic
Received for the month of:		

2. PURCHASE COMMITMENTS (sales/not yet shipped)			
Inshell Pounds Conventional	Inshell Pounds Organic	Shelled Pounds Conventional	Shelled Pounds Organic

3. WALNUT SHIPMENTS				
	Inshell Pounds Conventional	Inshell Pounds Organic	Shelled Pounds Conventional	Shelled Pounds Organic
Domestic				
Export				
TOTAL				

Handler: _____

By: _____ Title _____ Date: _____

The making of any false statements or representations in any matter within the jurisdiction of any agency of the United States, knowing it to be false, is a violation of Title 18, Section 1001, United States Code, which provides for a penalty of a fine for individuals and for organizations or imprisonment, or both.

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 0581-0178. The time required to complete this information collection is estimated to average 5 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.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

Handler Name: _____

Due Date:
Month:

CONVENTIONAL SHIPMENTS BY COUNTRY OF DESTINATION

	INSHELL (lbs)	SHELLED (lbs)		INSHELL (lbs)	SHELLED (lbs)
MIDDLE EAST/AFRICA			NORTH AMERICA		
Algeria			Canada		
Bahrain			Mexico		
Egypt			CENTRAL & SOUTH AMERICA		
Iraq			Chile		
Israel			Ecuador		
Jordan			ASIA / PACIFIC RIM		
Kuwait			Australia		
Lebanon			China		
Morocco			Hong Kong		
Pakistan			India		
Qatar			Japan		
Saudi Arabia			Korea		
Tunisia			Malaysia		
Turkey			New Zealand		
U.A.E.			Philippines		
EUROPE			Singapore		
Austria			Taiwan		
Belgium			Thailand		
Denmark			Vietnam		
France					
Germany			OTHER (please list):		
Greece					
Italy					
Netherlands					
Norway					
Portugal					
Spain					
Sweden					
Switzerland					
U.K.					
			TOTALS		

Handler Name: _____

Due Date:
Month:

ORGANIC SHIPMENTS BY COUNTRY OF DESTINATION

	INSHELL (lbs)	SHELLED (lbs)		INSHELL (lbs)	SHELLED (lbs)
MIDDLE EAST/AFRICA			NORTH AMERICA		
Algeria			Canada		
Bahrain			Mexico		
Egypt			CENTRAL & SOUTH AMERICA		
Iraq			Chile		
Israel			Ecuador		
Jordan			ASIA / PACIFIC RIM		
Kuwait			Australia		
Lebanon			China		
Morocco			Hong Kong		
Pakistan			India		
Qatar			Japan		
Saudi Arabia			Korea		
Tunisia			Malaysia		
Turkey			New Zealand		
U.A.E.			Philippines		
EUROPE			Singapore		
Austria			Taiwan		
Belgium			Thailand		
Denmark			Vietnam		
France					
Germany			OTHER (please list):		
Greece					
Italy					
Netherlands					
Norway					
Portugal					
Spain					
Sweden					
Switzerland					
U.K.					
			TOTALS		