

Crop Year:  
20\_\_-\_\_  
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#### COC-5

Crop Year:  
Outstanding COC5 :  
Page No:

Date Created :

|                                                                                                                                       |                          |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>(1) To: CALIFORNIA OLIVE COMMITTEE:</b><br><b>2565 Alluvial Ave., Suite 182 Clovis,</b><br><b>CA 93611</b><br><br><b>(2) From:</b> | <b>(4) Consigned to:</b> |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------|

**(3) EIN #**

| <b>(5) REQUEST FOR INSPECTION</b> |                        |                |                           |                             |                         |                       |               |                           |
|-----------------------------------|------------------------|----------------|---------------------------|-----------------------------|-------------------------|-----------------------|---------------|---------------------------|
| <b>Number Containers</b>          | <b>Type Containers</b> | <b>Variety</b> | <b>LIMITED Net Weight</b> | <b>UNDERSIZE Net Weight</b> | <b>CULLS Net Weight</b> | <b>Whole / Pitted</b> | <b>OUTLET</b> | <b>Inspection Service</b> |
|                                   |                        |                |                           |                             |                         | W P                   |               |                           |

|                     |       |      |
|---------------------|-------|------|
| Authorized Official | Title | Date |
|---------------------|-------|------|

**GIN Holders Details:**

|                                 |                  |           |
|---------------------------------|------------------|-----------|
| GIN:                            |                  |           |
| GIN Name:                       | Farm Mgmt.:      |           |
| Add. Delivery ID:               | Allow Farm Mgmt: |           |
| Address:                        | Bell Carter ID:  | Musco ID: |
| Applicant Name:                 |                  |           |
| City:                           | By Email:        |           |
| State:                          | By Web:          |           |
| Zip:                            | By Regular Mail  |           |
| Phone:                          | At Plant:        |           |
| Fax:                            | By Fax:          |           |
| Login ID:                       | Password:        |           |
| County:                         | GIN Status:      |           |
| Emails:<br>(Seperated by comma) |                  |           |

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