

Administrative Committee for Pistachios  
4938 East Yale Avenue, Suite 102  
Fresno, CA 93727  
Tel (559) 255-6480; Fax (559) 255-6485  
Email: admin@acpistachios.org

**ADMINISTRATIVE COMMITTEE FOR PISTACHIOS  
PRODUCER DELIVERY REPORT INSTRUCTIONS  
2017 - 2018**

**Processor Name:** Please provide the processor name.

**Entity Name:** Provide the name of the grower from which the pistachios originated.

**Tax Identification Number:** Federal Tax Identification Number (FEIN) or Social Security Number (SSN) of the entity from which the pistachios originated. **Please do not leave this blank, as it is required to verify the entity listed.**

**Entity Type:** Provide the entity type (i.e., individual/sole proprietorship, partnership, corporation, LLC or trust). If the producer is a partnership, corporation, LLC or trust, provide a FEIN. If the producer is an individual (sole proprietorship), provide his/her SSN. (In some instances, an individual may use a FEIN instead of a SSN).

**Authorized Voter:** Provide the name of the authorized voter of the producer (the individual owner of a sole proprietorship, the general partner of a partnership, the managing officer of a corporation, the managing member of an LLC, or the trustee of a trust), and their contact information. **This individual is the person who will be authorized to vote on behalf of the producer in Committee elections and referenda, and ballots will be mailed to the address provided.**

**Note:** If the deliveries are part of a group of producers combined for purposes of reporting and payment (such as a cooperative or various producers represented by a farm manager acting as agent), the name, mailing address, SSN or FEIN and other information required by these instructions must be provided for each of the individual producers. **The names, addresses and FEIN or SSN provided by each processor will be the basis for verifying eligibility to vote in Committee elections and referenda.** If you have questions, please call the ACP at 559-255-6480 for clarification.

**Bearing Acres:** Provide the total bearing acres for each producer.

**County:** Report the county in which the pistachios were produced. Do not report the county in which the producer lives. If property is located in two counties, report both counties and an estimate of the pounds produced in each county.

**Producer Deliveries:** Report the total open inshell, closed shell and shelling stock (in pounds) processed for each producer. Report all weights on an inshell basis. **Use actual inshell weight of closed shell and shelling stock. For loose kernels, multiply the actual weight by two to obtain an inshell weight.**

**Total Pounds Processed:** Provide the combined total pounds processed for each producer.

**Verification:** Please date, sign (authorized representative) and provide your title on the form. Please return the original, signed copy to the ACP with your Assessment Report and payment on or before the December 15, 2015 postmark deadline.

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 0581-0215. The time required to complete this information collection is estimated to average 12 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.

**PRODUCER DELIVERY REPORT***Please read instructions thoroughly before completing this report.***Crop Year:****PROCESSOR NAME:****PRODUCER DELIVERIES (IN POUNDS)**

ENTITY NAME	*AUTHORIZED VOTER (Individual, General Partner, Corporate Officer or Trustee)	County of Production	Open Inshell	Closed Shell	Shelling Stock	Total Lbs. Processed
<b>Name:</b>	Name:					
<b>Tax Identification Number:</b>	Mailing Address:					
<input type="checkbox"/> Sole Proprietorship	Telephone No.:					
<input type="checkbox"/> Corporation	Fax No.:					
<input type="checkbox"/> Partnership	Email Address:					
<input type="checkbox"/> LLC	<b>TOTAL BEARING ACRES:</b>					
<input type="checkbox"/> Trust						
<b>Name:</b>	Name:					
<b>Tax Identification Number:</b>	Mailing Address:					
<input type="checkbox"/> Sole Proprietorship	Telephone No.:					
<input type="checkbox"/> Corporation	Fax No.:					
<input type="checkbox"/> Partnership	Email Address:					
<input type="checkbox"/> LLC	<b>TOTAL BEARING ACRES:</b>					
<input type="checkbox"/> Trust						
<b>Name:</b>	Name:					
<b>Tax Identification Number:</b>	Mailing Address:					
<input type="checkbox"/> Sole Proprietorship	Telephone No.:					
<input type="checkbox"/> Corporation	Fax No.:					
<input type="checkbox"/> Partnership	Email Address:					
<input type="checkbox"/> LLC	<b>TOTAL BEARING ACRES:</b>					
<input type="checkbox"/> Trust						
<b>Name:</b>	Name:					
<b>Tax Identification Number:</b>	Mailing Address:					
<input type="checkbox"/> Sole Proprietorship	Telephone No.:					
<input type="checkbox"/> Corporation	Fax No.:					
<input type="checkbox"/> Partnership	Email Address:					
<input type="checkbox"/> LLC	<b>TOTAL BEARING ACRES:</b>					
<input type="checkbox"/> Trust						
<b>TOTALS - THIS PAGE ONLY</b>						

**NOTE: Signature Page is separate and must be included with report page(s).**

**PRODUCER DELIVERY REPORT SIGNATURE PAGE**

**Crop Year:** 2017-2018

**PROCESSOR NAME:** \_\_\_\_\_

\* The individual listed in the “Authorized Voter” column will act as **authorized voter** on behalf of the Producer in all Administrative Committee for Pistachios elections and referenda. **The undersigned, on behalf of the reporting processor, certifies to the Administrative Committee for Pistachios and the Secretary of the United States Department of Agriculture that this report represents a complete and accurate record of producer deliveries.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Representative**

\_\_\_\_\_  
**Title**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.