

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

**ADMINISTRATIVE COMMITTEE FOR PISTACHIOS  
PRODUCER DELIVERY REPORT INSTRUCTIONS  
2016-2017**

**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, 2016 postmark deadline.**

PRODUCER DELIVERY REPORT		Please read instructions thoroughly before completing this report.				
Crop Year: 2016-2017						
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
Name:	Name:					
Tax Identification Number:	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	TOTAL BEARING ACRES:					
<input type="checkbox"/> Trust						
Name:	Name:					
Tax Identification Number:	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	TOTAL BEARING ACRES:					
<input type="checkbox"/> Trust						
Name:	Name:					
Tax Identification Number:	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	TOTAL BEARING ACRES:					
<input type="checkbox"/> Trust						
Name:	Name:					
Tax Identification Number:	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	TOTAL BEARING ACRES:					
<input type="checkbox"/> Trust						
TOTALS - THIS PAGE ONLY						

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

**PRODUCER DELIVERY REPORT SIGNATURE PAGE**

**Crop Year:** 2016-2017

**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**

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed. 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 of the United States Code, which provides for fine 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 0581-0215. 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.

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