

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
FRUIT AND VEGETABLE PROGRAM

**PRODUCER REFERENDUM BALLOT ON PROPOSED AMENDMENT/CONTINUATION
OF MARKETING ORDER NO. 989, AS AMENDED, REGULATING THE HANDLING OF
RAISINS PRODUCED FROM GRAPES GROWN IN CALIFORNIA**

THIS BALLOT WILL BE KEPT CONFIDENTIAL. PLEASE READ THE ATTACHED VOTER ELIGIBILITY AND VOTING INSTRUCTIONS BEFORE COMPLETING THIS BALLOT. YOUR BALLOT ENVELOPE MUST BE POSTMARKED BY _____, 20____ TO BE VALID.

1. I hereby certify that I am an eligible producer of grapes for sun-drying or dehydration into raisins, and during the period from August 1, 20__ through July 31, 20__, I produced: _____ tons (dried weight) of raisins for market. This tonnage was produced from _____ acres. (NOTE: If you are farming on a share-crop basis, report only that part of the tonnage representing your share.)
2. Please indicate the following about the business entity for which you are voting:
☐ Individual ☐ Trust ☐ Partnership ☐ Corporation
Tax Identification Number (TIN) _____
If a partnership, insert name and mailing address of partner(s): _____

3. Is the business entity for which you are voting a member of the raisin bargaining association? ☐ Yes ☐ No
4. Is the business entity for which you are voting a member of sun-maid growers of California? ☐ Yes ☐ No
5. Did the entity deliver raisins for cash to Sun-Maid during the representative period? ☐ Yes ☐ No
6. **DO YOU FAVOR THE PROPOSED AMENDMENT/CONTINUATION?** ☐ Yes ☐ No

Name _____ (_____) Telephone Number _____ Email Address _____

 Producer's Signature (or Name if Item 7 is applicable)

Mailing Address (incl. Street, City, State, and Zip Code)

7. If this Ballot is cast by an *officer* or *employee* of a producer, such as a corporation, association, institution, school, or similar business unit, or an *administrator*, *executor*, or *trustee* of a producing estate, the following must also be completed:

I certify to the Secretary of Agriculture (Secretary) that I have authority to cast this Ballot for the producer named above in Item 6 and that I will submit evidence of such authority at the request of an Agent of the Secretary.

Signature _____ Title and Capacity _____

Mailing Address (incl. Street, City, State, and Zip Code)

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.

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 20 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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