

CALIFORNIA DATE ADMINISTRATIVE COMMITTEE

P.O. Box 1736

Indio, CA 92202-1736

Tel: (760) 347-4510 Fax: (760) 347-6374

VOTER ELIGIBILITY CERTIFICATE

VOTER ELIGIBILITY: Producers who delivered dates to handlers in the current marketing year shall be eligible to vote for producer nominees unless such producers also have a proprietary interest in a date packing facility, as explained in the attached voting guidelines.

Please provide the following information. The Ballot will be invalidated if this certification is not completed.

I, _____, of _____
Print Name Address

do hereby certify that I am a producer of Deglet Noor, Halawy, Khadrawy, or Zahidi dates and that I am qualified to vote for producer representatives to serve on the California Date Administrative Committee (Committee). I also certify that I have no proprietary interest in a date packing facility. (For purpose of this Ballot, ownership of stock in a date packing facility does not preclude an individual from voting as a producer, unless ownership of such stock allows the stockholder to dictate policy in the operation and management of said packing facility.)

I further certify that I have voted on the attached Ballot as one of the following:

- | | |
|---|--|
| ☐ Owner-operator | ☐ Partnership – Name: _____
Partners: _____ |
| ☐ Cash rent tenant | ☐ Corporation – Name: _____
Date of Incorporation: _____ |
| ☐ Share tenant | ☐ Estate – Name: _____ |
| ☐ Share landlord | ☐ Trust – Name: _____ |
| ☐ Other – Specify: _____ | |

Name(s) of handler(s) to whom I have delivered dates this marketing year (October 1, 20____ through April 30, 20____): _____

Signature: _____ Date: _____

Title: _____ Phone No.: _____

Title (if Corporation, Estate or Trust): _____

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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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.

(Exp. 4/30/2027) Destroy previous editions.