

State of California
California Department of Food and Agriculture
Agricultural Statistics Branch
650 Capitol Mall, Suite 6-100
Sacramento, CA 95814
(916) 738-6569

GROWER INFORMATION CERTIFICATION FORM

If you use the electronic spreadsheet to submit your 2024 Grape Crush & Purchase Inquiry, your grower information will be collected there, and you do NOT need to complete this separate form.

Pursuant to Section 6047.20 of the California Food and Agricultural Code (FAC), the California Department of Food and Agriculture (Department) is required to conduct a referendum among eligible grape growers in the state to determine whether they favor continuing the collection of the Pierce's disease assessment for another five years.

In order to conduct this referendum, the Department must first establish an up-to-date list of persons who paid the Pierce's disease assessment on grapes crushed during the 2024 season (July 1, 2024 through June 30, 2025). Once this list is established, all eligible growers of record will be given the opportunity to vote on whether the assessment should continue.

The Department needs the cooperation and assistance of all wineries and winegrape processors to establish an accurate list of growers. On the reverse side of this form, please list all growers who you purchased grapes from or growers you custom crushed for during the 2024 season.

According to Section 6047.13 of the FAC, all information submitted by wineries and winegrape processors pursuant to this notice to file process will remain confidential. Please contact the Department's Marketing Branch at (916) 900-5018 if you would like more information or have questions about this confidentiality provision or the protection of proprietary information provided to the Department.

Did you pay any Pierce's disease assessment directly to the California Department of Food and Agriculture for the 2024 season?

Yes – Please continue

No – Please sign below and return in the enclosed prepaid envelope.

If you answered **YES**, you must complete the **GROWER INFORMATION WORKSHEET** on the reverse side of this form and return in the enclosed prepaid envelope to:

ATTN: CDFA Grape Crush
650 Capitol Mall, Suite 6-100
Sacramento, CA 95814

I do hereby certify that the information regarding the Pierce's disease assessment requested by the California Department of Food and Agriculture and contained in this report is correct to the best of my knowledge.

Name of Responsible Officer: _____ Title: _____

Signature of Officer: _____ Date: _____

Instructions:

You must list all growers who you purchased grapes from (Data Page in the white booklet) or growers you custom crushed for (Question 4 in the white booklet).

(OVER)

GROWER INFORMATION WORKSHEET

The list below is for recording grower contact information. List all growers who you purchased grapes from or growers you custom crushed for during the 2024 season.

Grower Number	Name of Grower's Operation	Grower's First Name	Grower's Last Name	Operation EIN * <i>(federal employer identification number)</i>	Grower's Mailing Address	City	State	Zip Code	Grower's Phone Number (with area code)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									

* Please provide if available as it will help minimize duplicate entries