

ATTACHMENT F

PRIVATE LABEL ENTITY Olive Oil Register Form

****Submit 1 Private Label Entity Olive Oil Register Form per oil purchased****

| | | |
|---|----------------------|--|
| Producer Purchased From | | |
| Original Oil Name / Lot Code | | |
| Name Intended for Label (if different than above) | | |
| Volume Purchased (in gallons) | | |
| Varietal & Percentage | / _____% | |
| Varietal & Percentage | / _____% | |
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| Will a percentage of this oil be used for a blend(s)? If yes, what blend(s) and what percentage of the blend(s) will be comprised of this oil? | | |
| Harvest Date (MM/DD/YY) | | |
| <u>Processing, Packer and Storage Entity Information</u> | | |
| Processing Entity | Packer Entity | Storage Entity (i.e. Warehouse or Retail Store) |
| Entity Name: | Entity Name: | Entity Name: |
| Address: | Address: | Address: |
| Phone Number: | Phone Number: | Phone Number: |