

ATTACHMENT E

PRODUCER Olive Oil Submission Form

****Submit 1 Olive Oil Submission Form per oil being submitted for certification assessment****

Oil Name / Lot Code	
Name Intended for Label (if different than Oil Name / Lot Name)	
Volume (in gallons)	
Varietal & Percentage	/ _____%
Varietal & Percentage	/ _____%
Varietal & Percentage	/ _____%
Varietal & Percentage	/ _____%
Varietal & Percentage	/ _____%
Varietal & Percentage	/ _____%
Varietal & Percentage	/ _____%
Varietal & Percentage	/ _____%
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?	
Grove Location (City)	
Harvest Date (MM/DD/YY)	
Milling Facility	
Mill Date (MM/DD/YY)	
Dry-farmed or Experienced Irrigation Deficit	
Filtered (Yes or No)	
Racking	Start Date: ____/____/____ End Date: ____/____/____ # of cycles: _____ Intervals of cycles: _____
Type of Storage Container (stainless steel, food service plastic drum, fustino, market ready vessels, etc.)	