



Department of
AGRICULTURE
& Rural Development

MICHIGAN DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT
AGRICULTURAL MARKETING & BARGAINING ACT
 PO BOX 30017, LANSING, MICHIGAN 48909-7517
 P: 517-284-5642 F: 517-763-0500 E: haarerj@michigan.gov

The information requested herein is required by Act 344, PA 1972, as amended.

GROWER DATA REPORT FORM
 (FOR USE WITH GROWER LIST – PLEASE PRINT CLEARLY)

FIRST HANDLER BUSINESS NAME	CROP YEAR	DATE
ADDRESS (INCLUDE STREET NUMBER & NAME)	COMMODITY <input type="checkbox"/> APPLE <input type="checkbox"/> ASPARAGUS	UNIT OF MEASURE
CITY, STATE, ZIP	PHONE	FAX
CONTACT PERSON NAME, TITLE	EMAIL (Confidential, Internal Use Only)	

Check the statement(s) that apply for the crop year being reported, if applicable:

- Our firm has no purchases to report.
- Our firm has not finished purchasing this year’s crop. (Submit preliminary report)
- Our firm does not anticipate purchasing in the future but will notify your office if our plans change.

I hereby certify that to the best of my knowledge, the information supplied herewith is a complete report of all processing purchases as of the date noted above.

X _____
 SIGNATURE OF RESPONSIBLE PARTY DATE

 PHONE NUMBER (if different from above) EMAIL ADDRESS (if different from above)

AMBA GROWER ID NUMBER OR “FH” (First Handler) when appropriate	REGISTERED GROWER NAME: If Grower ID Number is <u>NOT</u> given, <u>COMPLETE</u> name, address, and phone number is required	PROCESSING VOLUME FOR THIS GROWER	GROSS VALUE BEFORE DEDUCTIONS	COOPERATIVES ONLY: Mark box if non-cooperative purchase
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

AMBA GROWER DATA REPORT FORM

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