

2015 GROWER INFO ACCESS

Please fill out **one form for each grower entity** and mail or fax it back to us at least 7 days before you wish to access information from the grade stations. Thank you.

Grower Name:		
Grower Address:		
City, State, ZIP:		
Contact Person:		
Phone #:	Fa	nx #:
E-Mail Address:		
Please check here if you are a CTGA member and want PTAB to share your load information with the California Tomato Growers Association. I want PTAB to send my grower code and password to the above address or fax number (PTAB will assign your 2015 password).		
Print Name of Growe	er Representative	_
Signature of Grower	Representative	Date
If you have had problems in the past with multiple grower numbers or any other issues, please call us at (530) 759-7501 as soon as possible so we can try to solve the problem before the season starts. Our fax number is (530) 759-7504.		
PTAB will fill in the following and fax the information back to you:		
Grower Code:		
Password:		

(Passwords are two lower-case letters- no space -followed by four numbers)