

2024 GROWER INFO ACCESS

Please fill out **one form for each grower entity** and fax or e-mail 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 #:		_ Fax #:	
E-Mail Address:	·		
Please cl	neck here if you	are a CTGA I	Member
	d my grower code and will assign your 2024		bove address or
Print Name of Grow	er Representative		
Signature of Grower Representative			Date
issues, please call u	blems in the past with us at (530) 759-7501 a efore the season start ab.org.	s soon as possible	so we can try to
PTAB will fill in the	following and fax the ir	formation back to y	you:
Grower Code:		_	
Password:		_	

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