



Farm | Business Name _____ Website _____

Farm | Bus. Address _____

City _____ County _____ State _____ Zip Code _____

Mailing Address| P.O. Box _____

City _____ County _____ State _____ Zip Code _____

Food Safety Representative Information (Required):

Name _____

Email _____

Phone _____ Cell _____

Alternate Representative Name _____

Email _____

Phone _____ Cell _____

Average annual produce sales or income derived from services rendered (e.g. harvesting services or cooling/holding services)
Last 3-Year Average:

- | | |
|--|--|
| <input type="checkbox"/> Less than \$25K | <input type="checkbox"/> \$250K – 500K |
| <input type="checkbox"/> \$25K – 250K | <input type="checkbox"/> Greater than \$500K |

All produce sales – Do you sell all your produce directly to consumers, restaurants, or retail food establishments that are within 275 miles of your farm or within the state of Arizona?

Yes No

*Average Food Sales – During the previous 3 year period, were your average produce and food sales less than \$500K? (e.g. Fruits, vegetables, processed food, hay, dairy, livestock and food grains)

Yes No

Did your Produce sales exceed more than half of your total Average Food Sales? (e.g. Food sales consists of hay, dairy, livestock, processed food, and food grains)

Yes No

Covered Activities

Please check all that apply:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Harvester | <input type="checkbox"/> Packer | <input type="checkbox"/> Holder/Cooler |
| <input type="checkbox"/> Grower | <input type="checkbox"/> Grower - Shipper | |

Current Food Safety Program(s)

Please check all that apply:

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> GAP/GHP | <input type="checkbox"/> GMP |
| <input type="checkbox"/> LGMA | <input type="checkbox"/> Harmonized |
| <input type="checkbox"/> SQF | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | |
- (Please Specify)

Crops grown, harvested, packed or held/cooled

Please check all that apply:

- | | | |
|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Melons | <input type="checkbox"/> Citrus |
| <input type="checkbox"/> Leafy Greens | <input type="checkbox"/> Tree Fruit | |
| <input type="checkbox"/> Other Crops or Food _____ | | |
- (Please Specify)

What is your growing season or business season? (e.g. planting date to harvest date)

Start Month _____ End Month _____

Year-round

Has someone from your company taken the PSA Grower Training Course?

Yes No

Name _____ Date _____

Location (City/State) _____