



## PTI Implementation Working Group Pilot Project Sign-up Sheet

Company: \_\_\_\_\_

Name: \_\_\_\_\_

1. Identify your company's role in the produce supply chain.

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Grower     | <input type="checkbox"/> Retailer                         |
| <input type="checkbox"/> Shipper    | <input type="checkbox"/> Foodservice Distributor/Operator |
| <input type="checkbox"/> Packer     | <input type="checkbox"/> Logistics Provider               |
| <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Broker     |   |

2. What commodity and product are you volunteering to track and trace for the pilot?

Commodity: \_\_\_\_\_

Product: \_\_\_\_\_

- Not applicable

3. Is the product you are recommending using in the pilot imported into the US?

- Yes \_\_\_\_\_ (Country of Origin)
- No
- Not applicable

4. How is your product packed?

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> Field | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Shed  | <input type="checkbox"/> Not applicable |

5. What type of container in your product shipped in?

- |   |   |
|---|---|
| <input type="checkbox"/> Flats                                | <input type="checkbox"/> Bags           |
| <input type="checkbox"/> Cartons                              | <input type="checkbox"/> Baskets        |
| <input type="checkbox"/> Wax Cartons                          | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Bins                                 | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Reusable Packaging Containers (RPCs) |   |

6. How have you (or plan to) implemented label printing?

- |   |  |
|---|--|
| <input type="checkbox"/> Ink Jet          | <input type="checkbox"/> Print on demand |
| <input type="checkbox"/> Direct           | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Label Applicator | <input type="checkbox"/> Not applicable  |
| <input type="checkbox"/> Pre-Printed      |  |

7. When would your company be able to begin participating in a pilot?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email completed form to [ETreacy@pma.com](mailto:ETreacy@pma.com)