

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
PLANT PROTECTION AND QUARANTINE

## APPLICATION FOR CITRUS CANKER LOST PRODUCTION PAYMENT

1. NAME OF APPLICANT	2. ADDRESS OF APPLICANT (Include Zip Code)	3. TAX ID NO.
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4. NAME AND LOCATION OF AFFECTED GROVE:

5. DATE PUBLIC ORDER ISSUED BY DIVISION OF PLANT INDUSTRY (DPI):	6. DATE(S) ACTUAL DESTRUCTION OF TREES OCCURRED:
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**NOTE: When submitting this application, you should provide copies of the DPI public order and its accompanying inventory describing the number and variety of trees subject to the order.**

7. VARIETY OF TREES DESTROYED:

- |   |  |
|---|--|
| <input type="checkbox"/> Grapefruit                   | <input type="checkbox"/> Tangelo               |
| <input type="checkbox"/> Valencia orange/Tangerine    | <input type="checkbox"/> Lime                  |
| <input type="checkbox"/> Early/midseason/naval orange | <input type="checkbox"/> Other/mixed (specify) |

8. NUMBER AND EXACT ACREAGE (TO 1/10TH OF AN ACRE) OF TREES DESTROYED. (IF MULTIPLE VARIETIES OF TREES WERE SUBJECT TO THE PUBLIC ORDER, PROVIDE THE NUMBER AND ACREAGE OF EACH VARIETY OF TREE DESTROYED).

9. WAS THE ASIATIC CITRUS CANKER (ACC) COVERAGE OFFERED UNDER THE FLORIDA FRUIT TREE CROP INSURANCE PILOT AVAILABLE FOR YOUR TREES BEFORE CITRUS CANKER WAS DETECTED IN YOUR GROVE?  YES  NO

IF "YES," DID YOU APPLY FOR ACC COVERAGE?  YES  NO

IF "YES," DID YOUR ACC POLICY BECOME EFFECTIVE (ATTACH)?  YES  NO

IF "YES," WHAT WAS THE TOTAL CROP INSURANCE INDEMNITY PAYMENT YOU RECEIVED FOR YOUR DESTROYED TREES? \$ \_\_\_\_\_

I certify that all statements and entries I have made on this document are true and accurate to the best of my knowledge and belief. I understand that any intentional false statement or misrepresentation made on this document is a violation of law and punishable by a fine of not more than \$10,000, or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

APPLICANT'S SIGNATURE	DATE
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