

FLORIDA TOMATO COMMITTEE

800 Trafalgar Court, Suite 300 • Maitland, FL 32751
Phone (407) 660-1949 • Fax (407) 660-1656
www.floridatomatoes.org

**APPLICATION FOR REGISTRATION AS AN
APPROVED RECEIVER OF SPECIAL PURPOSE SHIPMENTS
20__ - 20__**

The information on this form is kept confidential and used only to monitor shipments.

Name of Supplier (Florida Registered Handler) _____

Name of Receiver _____

Receiver Contact Person _____

Receiver Telephone No. _____ Fax No. _____

Receiver E-mail Address _____

Receiver Address _____

Purpose of shipment (Check all applicable): Pickling Processing Charity or Relief Export
 Experimental purposes Other Committee Approved Purpose.

Receiver's physical address where stated privilege purpose is accomplished (i.e. pickling, processing, etc.), if different from above: _____

Does the receiver pack, repack or sell fresh tomatoes? Yes No

To the best of my knowledge and belief, all statements contained in this application are true, correct and complete. By making this application the receiver agrees that the tomatoes obtained herein will not be resold or transferred for resale, directly or indirectly, but will be used only for the purpose(s) specified above. The receiver further agrees to undergo random inspection and to submit such reports as is required by the Florida Tomato Committee.

Date

Name of Firm

Telephone Number

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

Approved Disapproved

Date _____

Signature of Committee Manager _____

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