TEXAS VALLEY CITRUS COMMITTEE

901 Business Park Drive

Suite 500

Mission, Texas 78572

Telephone: (956) 581-2190

Fax: (956) 584-0300

**CERTIFICATE OF PRIVILEGE NO. \_\_\_\_\_\_\_\_\_\_**

I, the undersigned, hereby certify to the Secretary of Agriculture and to the Texas Valley Citrus Committee that I have read, fully understand, and will comply with, the foregoing rules that govern the handling of citrus for processing or for manufacturing for conversion into specified by-products, relief or charity. I further understand that noncompliance is a violation of the Agricultural Marketing Agreement Act, and is subject to a fine of up to $1,100 for each violation.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name *(please print)* Signature Date

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

 Mailing Address, City, State, and Zip Code

Physical Address (if different than mailing address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person in charge of Special Purpose forms:

Purpose of Shipments:  Processing  Relief/Charity  Otherwise Diverted \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(check applicable boxes)*

Where will shipments originate?

List Names and Addresses of Consignees below:

APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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