CITRUS ADMINISTRATIVE COMMITTEE

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**APPLICATION FOR A CERTIFICATE OF PRIVILEGE BY A SPECIAL PURPOSE SHIPPER**

**As required by Marketing Order No. 905 regulating the handling of**

**oranges, grapefruit, tangerines, and tangelos grown in Florida**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business name on Citrus Fruit Dealer’s License

Address *(incl. City, State, Zip Code)*

Phone No.: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hereby certifies and agrees to the following:

1. I (we) have obtained a license as a Citrus Fruit Dealer and request a Certificate of Privilege as a Special Purpose Shipper from the date of this application to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

(Citrus Fruit Dealer’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. All citrus fruit handled by me (us) will be produced on grove properties certified as organic. List certifying organization, number, expiration date, location of property and varieties produced. If additional space is needed, attach this information to this application.

Certifying Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of grove:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Variety or varieties of citrus fruit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Citrus shipped under a Certificate of Privilege will:
	1. adhere to the applicable minimum grade and size requirements under Marketing Order No. 905;
	2. be inspected by the Federal-State Inspection Service prior to the time such fruit is shipped; and
	3. be reported to the Committee as required in section 905.148, Reports of Special Purpose Shipments.
2. I (we) will make no claims, written or verbal, concerning any alleged advantages of using, or any alleged superiority of, citrus fruit shipped under a Certificate of Privilege, compared to other Florida produced citrus.
3. If this application is approved, I (we) clearly understand that it in no way represents an endorsement by the Citrus Administrative Committee, and agree that I (we) will not in any way use, or make reference to the Citrus Administrative Committee’s approval in any advertising, mail distribution, signs, letterhead or in any other manner whatsoever.

I (we) certify to the Citrus Administrative Committee and the Secretary of Agriculture that this fruit is shipped in accordance with the current Marketing Order regulations. I (we) realize that the making of a false statement, knowing it to be false is a violation of title 18, section 1001, of the United States Code, among other statutes, which provide for fine and imprisonment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature of Licensed Citrus Fruit Dealer Title Date

**Application for a Certificate of Privilege by a Special Purpose Shipper**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20, \_\_\_

This certificate number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a Certificate of Privilege as a Special Purpose Shipper is hereby approved for the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

 Manager, Citrus Administrative Committee

FAILURE TO COMPLY WITH ANY OF THE CONDITIONS STATED IN THIS DOCUMENT IS GROUNDS FOR IMMEDIATE TERMINATION OF THIS CERTIFICATE OF PRIVILEGE.

***NOTE***: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0189. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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