

Citrus Administrative Committee
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Application for New Handler of Red Grapefruit

As required by Federal Marketing Order No. 905 regulating shipments of Fresh Florida Citrus

Name of Registered Packinghouse
_____, _____ FL _____
Address City Zip
Phone # - (____) - _____ Fax # - (____) - _____

Hereby certifies and agrees to the following:

- 1. I (we) have obtained a license as a Citrus Fruit Dealer and request to be considered as a New Handler of Red Grapefruit from the date of this application to July 31, 20XX. (Citrus Fruit Dealer's License Number _____)
- 2. I (we) will have registered our packinghouse with the Florida Department of Agriculture, Division of Fruit & Vegetable for the 20XX-XX season. The Division of Fruit & Vegetable has assigned our packinghouse Registration Number _____.
- 3. This season will be the first season in which we will ship red grapefruit at this location or under the Registration Number assigned to us by the Florida Department of Agriculture, Division of Fruit & Vegetable.

Authorized Signature of Registered Packinghouse Title Date

False certification, or knowingly making any false statement, to the Secretary of Agriculture is a violation of Title 18, Section 1001, of the United States Code, and is punishable by fine not exceeding \$10,000, five years' imprisonment, or both 96-25-48, c 645, 62 STAT. 749

The above application for a New Handler of Red Grapefruit is hereby approved (disapproved) for the 20XX-XX Season..

By: _____ Date: _____
Manager, Citrus Administrative Committee

Note: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program.

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 3 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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