CITRUS ADMINISTRATIVE COMMITTEE

P.O. Box 24508

Lakeland, FL 33802-4508

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**REPORT OF SPECIAL PURPOSE SHIPMENT OF CERTIFIED ORGANIC CITRUS**

**UNDER CERTIFICATE OF PRIVILEGE**

Shipped to

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Truck License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shipping Date \_\_\_\_\_\_\_\_\_\_\_\_

Number of Cartons Shipped (4/5 Bu. Boxes):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Oranges: |  | Grapefruit: |  | Tangelos/Temples: |  | Tangerines: |  | Total: |  |

Inspection Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certified Groves Supplying Citrus Fruit for this Shipment**

Grove Certification Number

**INSTRUCTIONS TO SPECIAL PURPOSE SHIPPER**

Complete this report for each special purpose shipment. Sign all copies; mail the original (*white*) copy to the Citrus Administrative Committee; forward the *pink* copy with the shipment; and retain the *yellow* copy for your files. This report must be returned within ten (10) days.

**FAILURE TO COMPLY WILL RESULT IN**

**CANCELLATION OF CERTIFICATE OF PRIVILEGE**

I (we) certify to the Citrus Administrative Committee and the Secretary of Agriculture that this fruit is shipped in accordance with current Marketing Order No. 905 regulations for use only for the purpose stated. 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.

Shipper Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Purpose Shipper Number: \_\_\_\_\_\_\_\_

Authorized Signature 20\_\_\_-20\_\_\_ Season

***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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