

TEXAS VALLEY CITRUS COMMITTEE
901 Business Park Drive, Suite 400
Mission, Texas 78572
Telephone: (956) 581-2190
Fax: (956) 584-3307

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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