CITRUS ADMINISTRATIVE COMMITTEE
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APPLICATION FOR NEW HANDLER OF RED GRAPEFRUIT
20___ - 20___ SEASON

_____
Name of Registered Packinghouse
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 to be considered as a New Handler of Red Grapefruit from the date of this application to July 31, 20___. (Citrus Fruit Dealer License Number _____)

2. I (we) will have registered our packinghouse with the Florida Department of Agriculture, Division of Fruit & Vegetable for the 20___ - 20___ season. The Division of Fruit & Vegetable has assigned us a 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, imprisonment, or both.

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

By: _____ Date: _____
Manager, Citrus Administrative Committee

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