CITRUS ADMINISTRATIVE COMMITTEE

P.O. Box 24508

Lakeland, FL 33802-4508 Phone: (863) 682-3103 Fax: (863) 683-9563

Email: info@citrusadministrativecommittee.org

APPLICATION FOR A GROWER TREE RUN CERTIFICATE 20___ - 20___ SEASON

	of Grower
Address	s (incl. City, State, Zip Code
	No. () Fax No. () Address
Hereby	certifies and agrees to the following:
1.	All citrus fruit handled by me will be from my grove(s), and is subject to Florida statute chapter 601.9911 and 7 CFR 301.75.
2.	Legal description of my grove(s):
3.	Variety of citrus produced on the above listed grove(s):
4.	Approximate number of boxes produced on the above identified grove(s):
5.	All citrus fruit handled by me will be reported to the Citrus Administrative Committee as required in 7 CFI
6.	905.149, Reports of Shipments under Grower Tree Run Certificate. Each container must be identified by name and address, and any other information required by 7 CFR 301.75.
Grower	Signature Date
	ertification or knowingly making any false statement to the Secretary of Agriculture is a violation of title 18, 1001, of the United States Code, and is punishable by fine, imprisonment, or both.
	ove application for a Grower Certificate is hereby approved/disapproved (circle one) for the period through , 20 For the 20 20 season, you will be Grower Tree Run Certificate No.
 Manage	er, Citrus Administrative Committee Date

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

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