## FLORIDA TOMATO COMMITTEE

800 Trafalgar Court, Suite 300 • Maitland, FL 32751 Phone (407) 660-1949 • Fax (407) 660-1656 www.floridatomatoes.org

## APPLICATION FOR REGISTRATION AS AN APPROVED RECEIVER OF SPECIAL PURPOSE SHIPMENTS

20\_\_\_\_ - 20\_\_\_\_

## The information on this form is kept confidential and used only to monitor shipments.

Name of Supplier (Florida Registered Handler)	
Name of Receiver	
Receiver Contact Person	
Receiver Telephone No	Fax No
Receiver Email Address	
Receiver Address	
Purpose of shipment (Check all applicable): ☐ H☐ Experimental purposes ☐ Other Co	
Receiver's physical address where stated pridifferent from above:	vilege purpose is accomplished (i.e. pickling, processing, etc.), if
By making this application the receiver agrees tresale, directly or indirectly, but will be used or	atoes?
Date	Name of Firm
Telephone Number	Signature of Applicant
DO NOT	WRITE BELOW THIS LINE
□ Approved □ Disapproved	Date
Signature of Committee Manager	

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