

CITRUS ADMINISTRATIVE COMMITTEE
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**APPLICATION FOR A REPACKING CERTIFICATE OF PRIVILEGE
20__ - 20__ SEASON**

**As required by Marketing Order No. 905 regulating the handling of oranges, grapefruit,
tangerines, and tangelos grown in Florida**

Business Name on Citrus Fruit Dealer's License _____

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 a Certificate of Privilege as a Special Purpose Shipper from the date of this application to _____.
(Citrus Fruit Dealer's License Number _____)
2. I (we) will deal only with fruit that has been positive lot identified, inspected and certified, as defined in section 905.53 of Marketing Order No. 905.
3. All citrus fruit handled by me (us) will be from registered packinghouses.
4. I (we) hereby submit a list of suppliers of inspected and certified Florida citrus fruit described in item 2 above, and the approximate number of boxes of Florida citrus fruit that will be handled during the season. (Please attach separate sheet(s) showing supplier's business name, address, and packinghouse registration number.)

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 OMB 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.

