

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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