

CITRUS ADMINISTRATIVE COMMITTEE
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**APPLICATION FOR A CERTIFICATE OF PRIVILEGE BY A SPECIAL PURPOSE SHIPPER
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 _____, 20____.
(Citrus Fruit Dealer’s License Number _____)
2. All citrus fruit handled by me (us) will be produced on grove properties certified as organic. List certifying organization, number, expiration date, location of property and varieties produced. If additional space is needed, attach this information to this application.

Certifying Organization: _____
Certification Number: _____ Expiration Date: _____
Location of grove: _____
Variety or varieties of citrus fruit: _____

3. Citrus shipped under a Certificate of Privilege will:
 - a. adhere to the applicable minimum grade and size requirements under Marketing Order No. 905;
 - b. be inspected by the Federal-State Inspection Program prior to the time such fruit is shipped; and
 - c. be reported to the Committee as required in section 905.148, Reports of Special Purpose Shipments.
4. I (we) will make no claims, written or verbal, concerning any alleged advantages of using, or any alleged superiority of, citrus fruit shipped under a Certificate of Privilege, compared to other Florida produced citrus.
5. If this application is approved, I (we) clearly understand that it in no way represents an endorsement by the Citrus Administrative Committee, and agree that I (we) will not in any way use, or make reference to the Citrus Administrative Committee’s approval in any advertising, mail distribution, signs, letterhead or in any other manner whatsoever.

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.

I (we) certify to the Citrus Administrative Committee and the Secretary of Agriculture that this fruit is shipped in accordance with the current Marketing Order regulations. I (we) realize that the making of a false statement, knowing it to be false is a violation of title 18, section 1001, of the United States Code, among other statutes, which provide for fine and imprisonment.

Authorized Signature of Licensed Citrus Fruit Dealer Title Date

Application for a Certificate of Privilege by a Special Purpose Shipper

Date: _____ 20, ____

This certificate number _____ for a Certificate of Privilege as a Special Purpose Shipper is hereby approved for the period _____, 20__ through _____, 20__.

By: _____
Manager, Citrus Administrative Committee

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.