CITRUS ADMINISTRATIVE COMMITTEE P.O. Box 24508 Lakeland, FL 33802-4508 Phone: (863) 682-3103 Fax: (863) 683-9563 Email: info@citrusadminstrativecommittee.org

APPLICATION FOR NEW HANDLER OF RED GRAPEFRUIT 20____ - 20____ SEASON

Nam	e of Registered Packinghouse		
Addr	ress (incl. City, State, Zip Code)		
Phone No. ()		Fax No. ()	
Her	eby certifies and agrees to the following:		
1.	I (we) have obtained a license as a Citrus Fruit Dealer, and request to be considered as a New Handler of Red Grapefruit from the date of this application to July 31, 20 (Citrus Fruit Dealer License Number)		
2.	I (we) will have registered our packinghouse with the Florida Department of Agriculture, Division of Fruit & Vegetable for the 20 20 season. The Division of Fruit & Vegetable has assigned us a packinghouse Registration Number:		
3.	This season will be the first season in which we will ship red grapefruit at this location or under the Registration Number assigned to us by the Florida Department of Agriculture, Division of Fruit & Vegetable.		
Auth	orized Signature of Registered Packinghouse	Title	Date
	e certification or knowingly making any false stat le 18, section 1001, of the United States Code, an		6
	above application for a New Handler of Red Grap ne 20 20 Season.	pefruit is hereby appro	oved/disapproved (circle one)
By: Manager, Citrus Administrative Committe		Date:	
	Manager, Citrus Administrative Committee		

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