

**FLORIDA TOMATO COMMITTEE**

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

For Office Use Only Date Received _____ RH Code _____ RH # _____
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**APPLICATION FOR REGISTRATION AS TOMATO HANDLER**

I hereby apply for registration as a Tomato Handler for the 20\_\_-20\_\_ season.

- Physical address of all location(s) of grading and packing facilities in the production area:

\_\_\_\_\_

\_\_\_\_\_

- Type of business (Individual, Firm, Partnership, Corporation, Co-operative, Association or other business unit): \_\_\_\_\_

- If other than individual, show below names and addresses of the officers, partners, or other individuals having a financial interest in the business with the applicant.

Name	Title	Address, City, State, Zip code

- How many years have you been in the tomato business in Florida? \_\_\_\_\_

Business Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

By: \_\_\_\_\_

Authorized Signature and Title

\_\_\_\_\_

Print Name

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 0581-0178. 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.



**CRITICAL INFORMATION REQUEST**

Please provide the information below for each grower who you expect will be shipping through your packing facility for the 20\_\_ - 20\_\_ season. This information is needed to ensure that your growers are kept up-to-date on Florida Tomato Committee (Committee) activities and on subjects affecting the Florida tomato industry as a whole, such as: Medfly alerts; government regulations; labor situations; market conditions; etc. Return this form with your application for registration as a tomato handler.

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_

GROWER NAME \_\_\_\_\_

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GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_

**(Make additional copies to list additional growers if necessary.)**

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