

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

**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.

