**CITRUS ADMINISTRATIVE COMMITTEE**

P.O. Box 941058, Maitland FL 32794

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[www.citrusadministrativecommittee.org](http://www.citrusadministrativecommittee.org)

**20 \_\_\_ -20\_\_\_Application for Registration as Fresh Citrus Handler**

I hereby apply for registration as a Florida Fresh Citrus Handler for the 20 -20 season.

1. Physical address of all location(s) of grading and packing facilities in the production area.
2. Type of business (Individual, Firm, Partnership, Corporation, Co-operative, Association or other business unit).
3. 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

1. How many years have you been in the Florida citrus business?

Business Name of Applicant:

Street Address:

City, State, Zip code:

Mailing Address:

City, State, Zip code:

Telephone Number: Fax Number:

# Email Address:

By: Print Name:

Authorized Signature and Title

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