

CITRUS ADMINISTRATIVE COMMITTEE

P.O. Box 941058, Maitland FL 32794
Phone (321) 214-5252 * Fax (321) 214-0213
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
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. 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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