

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 NEW HANDLER OF RED GRAPEFRUIT
20__ - 20__ SEASON**

Name of Registered Packinghouse _____

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 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.

Authorized Signature of Registered Packinghouse	Title	Date
---	-------	------

False certification or knowingly making any false statement to the Secretary of Agriculture is a violation of title 18, section 1001, of the United States Code, and is punishable by fine, imprisonment, or both.

The above application for a New Handler of Red Grapefruit is hereby approved/disapproved (circle one) for the 20__ - 20__ Season.

By: _____ Date: _____
Manager, Citrus Administrative Committee

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

CAC Form 303 (Exp. X/XXXX) Destroy previous editions.