TEXAS VALLEY CITRUS COMMITTEE 901 Business Park Drive, Suite 400 Mission, Texas 78572 Telephone: (956) 581-2190 Fax: (956) 584-3307

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CERTIFICATE OF PRIVILEGE NO

I, the undersigned, hereby certify to the Secretary of Agriculture and to the Texas Valley Citrus Committee that I have read, fully understand, and will comply with, the foregoing rules that govern the handling of citrus for processing or for manufacturing for conversion into specified by-products, relief or charity. I further understand that noncompliance is a violation of the Agricultural Marketing Agreement Act, and is subject to a fine of up to \$1,100 for each violation. Name (please print) Signature Date Firm Name: _____ Title:_____ Address:_ Mailing Address, City, State, and Zip Code Physical Address (if different than mailing address): Fax: _____ Person in charge of Special Purpose forms: Purpose of Shipments: Processing Relief/Charity Otherwise Diverted (check applicable boxes) Where will shipments originate? List Names and Addresses of Consignees below:

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.

APPROVED BY: _____

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