

**FLORIDA TOMATO COMMITTEE**

800 Trafalgar Court, Suite 300 • Maitland, FL 32751  
 Phone (407) 660-1949 • Fax (407) 660-1656  
 www.floridatomatoes.org

For Office Use Only Date Received _____ RP Code _____ RP # _____
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**APPLICATION FOR CERTIFIED TOMATO REPACKER CERTIFICATE**

I hereby apply for registration as a Certified Tomato Repacker for the 20\_\_ - 20\_\_ season. A Certified Tomato Repacker is a repacker of tomatoes in the regulated area who has the facilities for handling, regarding, resorting, and repacking tomatoes into consumer size packages and has been certified as such by the Committee.

1. Company/individual address of all location(s) of grading and packing facilities in the regulated 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 has applicant been engaged in the tomato repacking business in Florida? \_\_\_\_\_

Business Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

By: \_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Print name

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