

**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 _____
RH Code _____
RH # _____

**APPLICATION FOR REGISTRATION AS TOMATO HANDLER**

I hereby apply for registration as a Tomato Handler for the 20\_\_-20\_\_ season. Each handler who handles tomatoes grown in the production area must be certified as a registered handler by the Committee in order to ship such tomatoes outside of the regulated area. A handler who is certified as a registered handler is a handler who has adequate facilities to meet the requirements of preparing tomatoes for market, obtains inspection on tomatoes handled, agrees to handle tomatoes in compliance with the marketing order's grade, size and container requirements, pays applicable assessments on a timely basis, submits reports required by the Committee, and agrees to comply with other regulatory requirements on the handling of tomatoes grown in the production area. The Committee or its authorized agent shall inspect a handler's facilities to determine if the facilities are adequate for preparing tomatoes for market. In order to be adequate for such purposes, the facilities must be permanent, non-portable buildings located in the production area with equipment that is non-portable for proper washing, grading, sizing and packing of tomatoes grown in the production area.

- 1. Company/individual 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 tomato business in Florida? \_\_\_\_\_

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

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

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

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

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

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

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

By: \_\_\_\_\_

Authorized Signature

Title

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

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 0581-0178. 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.

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**CRITICAL INFORMATION REQUEST**

Please provide the information below for each grower who you expect will be shipping through your packing facility for the 20\_\_ - 20\_\_ season. This information is needed to ensure that your growers are kept up-to-date on Florida Tomato Committee (Committee) activities and on subjects affecting the Florida tomato industry as a whole, such as: Medfly alerts; government regulations; labor situations; market conditions; etc. Return this form with your application for registration as a tomato handler.

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

GROWER NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TEL. NO. \_\_\_\_\_ EMAIL: \_\_\_\_\_

**(Make additional copies to list additional growers if necessary.)**

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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