

2016-17 Season

Citrus Administrative Committee

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Application for a Grower Tree Run Certificate

As required by Federal Marketing Order No. 905 regulating shipments of Fresh Florida Citrus

Name of Grower _____

Address _____, City _____ FL _____ Zip _____

Phone # - _____ Fax # - _____ Email Address _____

Hereby certifies and agrees to the following:

1. All citrus fruit handled by me will be from my grove/groves and is subject to Florida Statue Chapter 601.9911 and **7 CFR 301.75** - _____
2. Variety of citrus produced on the above listed grove/groves: _____
3. Approximate number of boxes produced on the above identified grove/groves: _____
4. All citrus fruit handled by me will be reported to the Committee as required in Section 905.149, Reports of Shipments under Grower Tree Run Certificate.
5. Each container must be identified with their name and address and any other information required by 7 CFR 301.75.

Signature of Grower

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 not exceeding \$10,000, five years' imprisonment, or both 96-25-48, c 645, 62 STAT. 749

The above application for a Grower Certificate is hereby approved (disapproved) for the period through July 31, 2017. For the 2016-17 season you will be **Grower Tree Run Certificate No. ____**.

Date: _____

By: _____
Manager, Citrus Administrative Committee

FAILURE TO COMPLY WITH ANY OF THE CONDITIONS STATED IN THIS DOCUMENT WOULD BE GROUNDS FOR IMMEDIATE TERMINATION OF THIS CERTIFICATE OF PRIVILEGE.

Note: The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program.

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 0581-0189. 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.

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