

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 A GROWER TREE RUN CERTIFICATE
 20__ - 20__ SEASON**

Name of Grower _____
 Address (incl. City, State, Zip Code) _____

 Phone No. (____) _____ Fax No. (____) _____
 E-mail Address _____

Hereby certifies and agrees to the following:

1. All citrus fruit handled by me will be from my grove(s), and is subject to Florida statute chapter 601.9911 and 7 CFR 301.75.
2. Legal description of my grove(s): _____

3. Variety of citrus produced on the above listed grove(s): _____
4. Approximate number of boxes produced on the above identified grove(s): _____
5. All citrus fruit handled by me will be reported to the Citrus Administrative Committee as required in 7 CFR 905.149, Reports of Shipments under Grower Tree Run Certificate.
6. Each container must be identified by name and address, and any other information required by 7 CFR 301.75.

 Grower Signature _____
 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 Grower Certificate is hereby approved/disapproved (circle one) for the period through July 31, 20__. For the 20__ - 20__ season, you will be **Grower Tree Run Certificate No.** _____.

 Manager, Citrus Administrative Committee _____
 Date

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

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