TEXAS VALLEY CITRUS COMMITTEE

901 Business Park Drive, Suite 400 Mission, Texas 78572 Telephone: (956) 581-2190

Fax: (956) 584-3307

<i>C</i> PDTIBICATE	OF PRIVILEGE NO.	
CENTIFICATE	OF ENIVILEGE NO.	

I, the undersigned, hereby certify to the	Secretary of Agriculture	and to the Texas Valley	['] Citrus
Committee that I have read, fully under			
handling of citrus for processing or for			
charity. I further understand that nonco		f the Agricultural Marke	eting Agreement
Act, and is subject to a fine of up to \$1,	100 for each violation.		
Bv.			
By:Name (please print)	Signature		Date
Firm Name:		Title:	
Address:			
Address:Mailing Address, City, State, and	nd Zip Code		
Physical Address (if different than mail	ing address):		
Phone:	Fax:		
Person in charge of Special Purpose for	ms:		
Purpose of Shipments: Processing	Relief/Charity	Otherwise Diverted	
	(check applicable boxes)		
Where will shipments originate?			
List Names and Addresses of Consigne	es below.		
APPROVED BY:		DATE:	

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