FLORIDA TOMATO COMMITTEE

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

APPLICATION FOR REGISTRATION AS AN APPROVED RECEIVER OF SPECIAL PURPOSE SHIPMENTS

20____ - 20____

The information on this form is kept confidential and used only to monitor shipments.

| Name of Supplier (Florida Registered Handler) | |
|---|--|
| Name of Receiver | |
| Receiver Contact Person | |
| Receiver Telephone No | Fax No |
| Receiver Email Address | |
| Receiver Address | |
| Purpose of shipment (Check all applicable): Experimental purposes Other Co | Pickling □ Processing □ Charity or Relief □ Export mmittee Approved Purpose. |
| Receiver's physical address where stated pridifferent from above: | vilege purpose is accomplished (i.e. pickling, processing, etc.), if |
| By making this application the receiver agrees tresale, directly or indirectly, but will be used or | atoes? |
| Date | Name of Firm |
| Telephone Number | Signature of Applicant |
| DO NOT | WRITE BELOW THIS LINE |
| □ Approved □ Disapproved | Date |
| Signature of Committee Manager | |

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