CITRUS ADMINISTRATIVE COMMITTEE

PO Box 941058 Maitland, FL 32794

Phone: (321)-214-5252 or (407) 765-5940 peter@citrusadministrativecommittee.org

APPLICATION FOR NEW HANDLER OF RED GRAPEFRUIT 20___ - 20___ SEASON

Nam	e of Registered Packinghouse			
Addı	ress (incl. City, State, Zip Code)			
Phone No. ()		Fax No. (_)	
Her	eby certifies and agrees to the following:			
1.	I (we) have obtained a license as a Citrus Fruit Dealer, and request to be considered as a New Handler of Red Grapefruit from the date of this application to July 31, 20 (Citrus Fruit Dealer License Number)			
2.	I (we) will have registered our packinghouse with the Florida Department of Agriculture, Division of Fruit & Vegetable for the 20 20 season. The Division of Fruit & Vegetable has assigned us a packinghouse Registration Number:			
3.	This season will be the first season in which we will ship red grapefruit at this location or under the Registration Number assigned to us by the Florida Department of Agriculture, Division of Fruit & Vegetable.			
Auth	orized Signature of Registered Packinghouse	Title	Date	
	e certification or knowingly making any false state le 18, section 1001, of the United States Code, ar			
	above application for a New Handler of Red Graphe 20 20 Season.	pefruit is hereby ap	oproved/disapproved (circle one)	
Ву: _			Date:	
	Manager, Citrus Administrative Committee			

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 OMB 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 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. USDA is an equal opportunity provider, employer, and lender.