CITRUS ADMINISTRATIVE COMMITTEE
P.O. Box 24508
Lakeland, FL 33802-4508
Phone: (863) 682-3103
Fax: (863) 683-9563
Email: info@citrusadministrativecommittee.org

REPORT OF SPECIAL PURPOSE SHIPMENT OF CERTIFIED ORGANIC CITRUS
UNDER CERTIFICATE OF PRIVILEGE

Shipped to __________________________________________________________________________

Address ___________________________________________ State _______ Zip Code ______________

Carrier’s Name _________________ Truck License No. ______________ Shipping Date ____________

Number of Cartons Shipped (4/5 Bu. Boxes):

<table>
<thead>
<tr>
<th>Oranges:</th>
<th>Grapefruit:</th>
<th>Tangelos/Temples:</th>
<th>Tangerines:</th>
<th>Total:</th>
</tr>
</thead>
</table>

Inspection Certificate No. ____________________________________ Season _____________________

Certified Groves Supplying Citrus Fruit for this Shipment
Grove Certification Number  ____________________________________________________________

INSTRUCTIONS TO SPECIAL PURPOSE SHIPPER
Complete this report for each special purpose shipment. Sign all copies; mail the original (white) copy to
the Citrus Administrative Committee; forward the pink copy with the shipment; and retain the yellow
copy for your files. This report must be returned within ten (10) days.

FAILURE TO COMPLY WILL RESULT IN CANCELLATION OF CERTIFICATE OF PRIVILEGE

I (we) certify to the Citrus Administrative Committee and the Secretary of Agriculture that this fruit is
shipped in accordance with current Marketing Order No. 905 regulations for use only for the purpose
stated. I (we) realize that the making of a false statement, knowing it to be false, is a violation of title 18,
section 1001, of the United States Code, among other statutes, which provide for fine and imprisonment.

Shipper Name ________________________________ Special Purpose Shipper Number: ________
Authorized Signature   20___-20___ Season

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.

CAC Form 201 (Exp. 12/31/2023. Destroy previous editions.)