CITRUS ADMINISTRATIVE COMMITTEE

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

Name of Registered Packinghouse		
Addre	ess (incl. City, State, Zip Code)	
Phone	e No. () Fax No. ()	
Herel	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 local the Registration Number assigned to us by the Florida Department of Agriculture, I Fruit & Vegetable.	
Autho	orized Signature of Registered Packinghouse Title	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.		
	above application for a New Handler of Red Grapefruit is hereby approved/disapprove the 20 20 Season.	d (circle one)
Ву:	Manager Citrus Administrative Committee Date:	

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