APPLICATION FOR A GROWER TREE RUN CERTIFICATE
20___ - 20___ SEASON

Name of Grower ______________________________________________________________________________

Address (incl. City, State, Zip Code) ______________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Phone No. (_____) ___________________________ Fax No. (_____) ___________________________

E-mail Address _______________________________________________________________________________

Hereby certifies and agrees to the following:

1. All citrus fruit handled by me will be from my grove(s), and is subject to Florida statute chapter 601.9911 and 7 CFR 301.75.

2. Legal description of my grove(s): __________________________________________________________
_____________________________________________________________________________________

3. Variety of citrus produced on the above listed grove(s): _________________________________________

4. Approximate number of boxes produced on the above identified grove(s): __________________________

5. All citrus fruit handled by me will be reported to the Citrus Administrative Committee as required in 7 CFR 905.149, Reports of Shipments under Grower Tree Run Certificate.

6. Each container must be identified by name and address, and any other information required by 7 CFR 301.75.

__________________________________________________________________________________________
Grower Signature        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.

The above application for a Grower Certificate is hereby approved/disapproved (circle one) for the period through July 31, 20___. For the 20___ - 20___ season, you will be Grower Tree Run Certificate No. ________________.

__________________________________________________________________________________________
Manager, Citrus Administrative Committee     Date

FAILURE TO COMPLY WITH ANY OF THE CONDITIONS STATED IN THIS DOCUMENT IS GROUNDS FOR IMMEDIATE TERMINATION OF THIS CERTIFICATE OF PRIVILEGE.

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 401 (Exp. 12/31/2023. Destroy previous editions.)