

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

APPLICATION FOR A REPACKING CERTIFICATE OF PRIVILEGE

20__ - 20__ SEASON

As required by Marketing Order No. 905 regulating the handling of oranges, grapefruit, tangerines, and tangelos grown in Florida

Business Name on Citrus Fruit Dealer's License _____

Address (incl. City, State, Zip Code) _____

Phone No.: (____) _____
Fax No.: (____) _____

Hereby certifies and agrees to the following:

1. I (we) have obtained a license as a Citrus Fruit Dealer and request a Certificate of Privilege as a Special Purpose Shipper from the date of this application to _____.
(Citrus Fruit Dealer's License Number _____)
2. I (we) will deal only with fruit that has been positive lot identified, inspected and certified, as defined in section 905.53 of Marketing Order No. 905.
3. All citrus fruit handled by me (us) will be from registered packinghouses.
4. I (we) hereby submit a list of suppliers of inspected and certified Florida citrus fruit described in item 2 above, and the approximate number of boxes of Florida citrus fruit that will be handled during the season. (Please attach separate sheet(s) showing supplier's business name, address, and packinghouse registration number.)
5. Citrus shipped under a Repacking Certificate of Privilege will:
 - a. adhere to the applicable minimum grade and size requirements under Marketing Order No. 905;
 - b. be inspected by the Federal-State Inspection Program prior to the time such fruit is received;
 - c. be packed in approved Florida Department of Citrus containers; and
 - d. be reported to the Committee as required in section 905.163, Reports of Shipments under Repacking Certificate of Privilege.

Authorized Signature of Licensed Citrus Fruit Dealer _____

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.

Application for a Repacking Certificate of Privilege

Date: _____, 20__

The above "Application for a Repacking Certificate of Privilege" is hereby

☐ approved ☐ disapproved

for the period _____, 20__ through _____, 20__.

For the 20__-20__ season, you will be **Repacking Certificate of Privilege No. _____**.By: _____
Manager, Citrus Administrative Committee**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 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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.