FLORIDA TOMATO COMMITTEE
800 Trafalgar Court, Suite 300 • Maitland, FL 32751
Phone (407) 660-1949 • Fax (407) 660-1656
www.floridatomatoes.org

20___-20___ APPLICATION FOR REGISTRATION AS TOMATO HANDLER

I hereby apply for registration as a Tomato Handler for the 20___-20___ season.

1. Physical address of all location(s) of grading and packing facilities in the production area:
   _____
   _____

2. Type of business (Individual, Firm, Partnership, Corporation, Co-operative, Association or other business unit): _____

3. If other than individual, show below names and addresses of the officers, partners, or other individuals having a financial interest in the business with the applicant.

Name	Title	Address, City, State, Zip code

4. How many years have you been in the tomato business in Florida? _____

Business Name of Applicant: _____
Street Address: _____
City, State, Zip Code: _____
Mailing Address: _____
City, State, Zip Code: _____
Telephone Number: _____ Fax Number: _____
Email address: _____

By: _____ _____
Authorized Signature and Title Print Name

CRITICAL INFORMATION REQUEST

Please provide the information below for each grower who you expect will be shipping through your packing facility for the 20___- 20___ season. This information is needed to ensure that your growers are kept up-to-date on Florida Tomato Committee (Committee) activities and on subjects affecting the Florida tomato industry as a whole, such as: Medfly alerts; government regulations; labor situations; market conditions; etc. Return this form with your application for registration as a tomato handler.

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TEL. NO. _____

(Make additional copies to list additional growers if necessary.)