## CITRUS ADMINISTRATIVE COMMITTEE

P.O. Box 941058, Maitland FL 32794 Phone (321) 214-5252 \* Fax (321) 214-0213 www.citrusadministrativecommittee.org

## 20 \_\_\_\_--20\_\_\_Application for Registration as Fresh Citrus Handler

Physical address of all locat	ion(s) of grading and packing fa	acilities in the production area.
Type of business (Individua	l, Firm, Partnership, Corporatio	n, Co-operative, Association or other business
If other than individual, sho		f the officers, partners or other individuals have
NAME	Title	Address, City, State & Zip code
	peen in the Florida citrus busine	
How many years have you b	peen in the Florida citrus busine	
How many years have you b	peen in the Florida citrus busine	ss?
How many years have you be Business Name of Applicant Street Address:	been in the Florida citrus busine	
How many years have you be Business Name of Applicant Street Address:  City, State, Zip code:	been in the Florida citrus busine	ss?
How many years have you be Business Name of Applicant Street Address:  City, State, Zip code:	t:	ss?
How many years have you be Business Name of Applicant Street Address:  City, State, Zip code:  Mailing Address:  City, State, Zip code:	been in the Florida citrus busine	ss?

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 10 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.

Authorized Signature and Title

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