

2009-2010
APPLICATION FOR REGISTRATION AS TOMATO HANDLER

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

Gentlemen:

I hereby make application for Registration as a Tomato Handler for the 2009-2010 season.

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

Two horizontal lines for address input.

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

One horizontal line for business type input.

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.

Table with 3 columns: Name, Title, Address, City, State, Zip. Includes four rows of horizontal lines for data entry.

4. How many years has applicant been engaged 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)

Please Print Name

Note: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program.

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 0581-0178. The time required to complete this information collection is estimated to average five 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.

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CRITICAL INFORMATION REQUEST

Please provide the information below for each grower who you expect will be shipping through your packing facility for the 2006-2007 season. This information is needed to ensure that your growers are kept up-to-date on 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 _____

TELEPHONE _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

GROWER NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

(Make additional copies or use other side to list additional growers if necessary.)

GROWER NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____

GROWER NAME _____
CONTACT NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE _____

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