

**2009-2010
APPLICATION FOR CERTIFIED TOMATO REPACKER CERTIFICATE**

Florida Tomato Committee
800 Trafalgar Court, Suite 300
Maitland, FL 32751
Phone: (407) 660-1949
Fax: (407) 660-1656

Date: _____

I hereby make application for registration as a Certified Tomato Repacker for the 2009-2010 season.

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

<u>Name</u>	<u>Title</u>	<u>Address, City, State, Zip</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. How many years has applicant been engaged in the tomato repacking 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)

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.

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