

FLORIDA TOMATO COMMITTEE

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 www.floridatomatoes.org

For Office Use Only
Date Received _____
RP Code _____
RP # _____

APPLICATION FOR CERTIFIED TOMATO REPACKER CERTIFICATE

I hereby make application for registration as a Certified Tomato Repacker for the 20__ - 20__ season.

- Physical address of all location(s) of grading and packing facilities in the regulated area:

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

- 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

- How many years has applicant been engaged in the tomato repacking business in Florida? _____
 Business Name of Applicant: _____

Mailing Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

By: _____
 Authorized Signature Title

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