

FLORIDA TOMATO COMMITTEE

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

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

APPLICATION FOR CERTIFIED TOMATO REPACKER CERTIFICATE

I hereby apply for registration as a Certified Tomato Repacker for the 20__ - 20__ season. A Certified Tomato Repacker is a repacker of tomatoes in the regulated area who has the facilities for handling, regarding, resorting, and repacking tomatoes into consumer size packages and has been certified as such by the Committee.

1. Company/individual 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.

Name	Title	Address, City, State, Zip code

4. How many years has applicant been engaged in the tomato repacking business in Florida? _____

Business Name of Applicant: _____

Mailing Address: _____

City, State, Zip Code: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

By: _____
 Authorized Signature Title

 Print name

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