



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

**CITRUS HEALTH RESPONSE PROGRAM
APPLICATION FOR PARTICIPATION**

**ADAM H. PUTNAM
COMMISSIONER**

Section 581.184, F.S.

3027 Lake Alfred Road, Winter Haven, Florida 33881-1438 / Tel: 863-298-7777 Fax: 863-291-5219

Name of Owner: _____ Grower C/A#: _____

Mailing Address: _____
Number Street City Zip County

Property Address: _____
Number Street City Zip County

Contact Person: _____ / Title: _____ Tel: _____

List of Grove Properties to be considered for participation in the Fresh Fruit Pre-Harvest Certification Program:

<u>TWP</u>	<u>RGE</u>	<u>SEC</u>	<u>Grove Name / Block#</u>	<u>Acres</u>	<u>Varieties – List All in Grove</u>	<u>PICS M-BLK</u>	<u>Harvest Date Each Variety</u>	<u>Tentative Destination</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Please use one application per physical property address so that Program personnel can locate your grove for survey purposes.
Please attach a map from a county plat, aerial or *PICS Survey Map* outlining the grove(s) you wish to have considered.
This form may be duplicated to provide additional pages, if required. Gray areas will be completed by CHRP personnel.

Date received by FDACS
/ DPI in Winter Haven:

Submitted by: _____ Date: _____

Owner: /or Agent: Firm: _____