

STATE OF FLORIDA

**FLORIDA DEPARTMENT OF AGRICULTURE
AND CONSUMER SERVICES**

DIVISION OF CONSUMER SERVICES



**WILTON SIMPSON
COMMISSIONER**

**AGRICULTURAL PRODUCTS DEALER
CLAIM PACKAGE**

**Sections 604.15 – 604.34, Florida Statutes
Rule 5J-25.009, Florida Administrative Code**

**FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
CLAIM PACKAGE**

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FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

CLAIM INFORMATION

Sections 604.15 – 604.34, Florida Statutes

Sections 604.15-604.34, Florida Statutes, require that any person, partnership or corporation purchasing agricultural products from Florida producers, their agents or representatives for the purpose of resale and paying for such products by check, on open account, or any other deferred payment plan, or handling the product as an agent for the producer or acting as a negotiating broker, must first be licensed as a dealer in agricultural products. A business must file a license application, remit a license fee for each location in Florida where business is conducted, and post a security (surety bond or certificate of deposit) prior to operating as an agricultural dealer in this state.

Section 604.21, Florida Statutes, provides that any person, partnership, corporation, or other business entity (Claimant) claiming to be damaged by a dealer in agricultural products may file a written claim with the Florida Department of Agriculture and Consumer Services (Department) against a dealer in agricultural products (Respondent). The Claimant may include all agricultural products covered by Section 604.15(1), Florida Statutes, together with any additional charges necessary to effectuate the sale, unless the additional charges are already included in the total delivered price. The transactions in each claim must total at least \$500 and have occurred in a single license year.

A claim must be filed within six months from the date of sale in instances involving direct sales or within six months from the date on which the agricultural products were received by the Respondent, as agent, to be sold for the producer. Claims may be filed by e-mail as attachments, fax, U.S. mail, or private delivery service. Appropriate filing fees must be included with claims filed by U.S. mail or private delivery service. If claims are filed by e-mail or fax, the original documents and appropriate filing fees must be received by the Department in accordance with Section 604.21(1), F.S.

A Claimant must submit the original claim form (bearing the original signature and notarization) together with copies of all evidence documenting the sale(s). Claims against a licensed dealer involving multiple invoices could cover more than one license year. In those cases, it will be necessary to file two separate claims.

The Claimant must provide a \$50 filing fee for each claim filed with the Department. The filing fee will be added to the total claim amount. In the event that the Claimant is successful, the Respondent will be responsible for reimbursing the filing fee as part of the settlement.

When multiple claims are filed against a single dealer and the adjudicated amounts exceed the proceeds of the dealer's surety bond or certificate of deposit, sales occurring 120 or more days after the oldest sale stated in any claim will not be considered for payment from the proceeds of the surety bond or certificate of deposit.

A dealer in agricultural products who is licensed with the Department may file a claim against another dealer. However, payment from a surety bond or certificate of deposit to a dealer will occur only after all claims of producers or producer's agents or representatives have been paid in full.

If you have any questions regarding Sections 604.15-604.34, Florida Statutes, or how to file a claim against a dealer in agricultural products, please contact the Department at 1-800-435-0153.



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

CLAIM CHECKLIST

FLORIDA AGRICULTURAL DEALERS

Sections 604.15 – 604.34, Florida Statutes

AGRICULTURAL DEALER

DOCUMENTS

ENCLOSED (please check)

- | | |
|--|-------|
| 1. CLAIM FORM
(Original signature and notarization.) | _____ |
| 2. SUPPORTING DOCUMENTATION
(Copies of invoices, bills of lading,
packing/shipping documents, demand letters, etc.) | _____ |
| 3. CLAIM FILING FEE: \$50 | _____ |

Important Note: In order to process your claim and disburse funds pursuant to Section 604.21(8), Florida Statutes, the Department of Financial Services requires a taxpayer identification number. Visit <https://flvendor.myfloridacfo.com> to complete the vendor registration and the substitute form W-9.

Additional information regarding the Vendor Registration and Substitute Form W-9 can be found at <http://www.myfloridaacfo.com/aadir/EnterpriseEducation/W9TRAINING/player.html>

Mail your completed claim package and a check or money order made payable to FDACS to:

**Florida Department of Agriculture and Consumer Services
Division of Consumer Services
Mediation and Enforcement
Post Office Box 6700
Tallahassee, Florida 32314-6700**



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**AGRICULTURAL PRODUCTS DEALER
CLAIM FORM**

Section 604.21, Florida Statutes
Rule 5J-25.009, Florida Administrative Code
Phone 1-800-435-7352; Fax (850) 410-3801

Remit Non-Refundable
Application Fee Online at:
www.FDACS.gov

- or -

Check or Money Order payable
to FDACS and remit to:

FDACS
P.O. Box 6700
Tallahassee, Florida 32314-6700

NOTE: Incomplete filings may delay the processing of your claim. Please retain a copy of this form for your files. All documents and attachments submitted with this claim are subject to public review pursuant to Chapter 119, F.S.

1. Type of Claim:

I am filing this claim as a (select only one):

Producer Agent Licensed Agricultural Products Dealer License Number _____ .

2. Legal name of Claimant (Producer, Agent, or Licensed Dealer):

(Individual's name, partners names, corporate name, co-op, etc.)

3. Trade name of Claimant (d/b/a, fictitious name, etc.):

4. Telephone Number of Claimant:

() - - Ext. _____

5. Complete mailing address of Claimant:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

6. Legal name of Respondent (Dealer):

(Individual's name, partners names, corporate name, co-op, etc.)

7. Trade name of Respondent (d/b/a, fictitious name, etc.):

Org Code: 42 10 07 25 000
EO: A2
Object Code: 001134

8. Telephone Number of Respondent:

() - - Ext. _____

9. Complete mailing address of Respondent:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

10. Legal name of Co-Respondent (Surety Company or Financial Institution):

11. Complete mailing address of Co-Respondent:

Street Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

12. Transaction(s): Claimants filing a claim as a producer's agent must also complete Item 14:

(Attach additional pages as necessary using same format.)

<u>DATE OF SALE</u>	<u>QUANTITY, PRODUCTS AND PRICE PER UNIT</u>	<u>INVOICE AMOUNT</u>
---------------------	--	-----------------------

13. Claim Total (Minimum Claim must equal \$500):

\$ _____

Claim Filing Fee

\$ 50.00

Grand Total

\$ _____

FOR PRODUCER'S AGENT ONLY (Attach additional pages as necessary using same format.)

14. The producers of agricultural products involved in this claim are as follows:

1. Date of Sale: _____ **Producer:** _____

Producer's Address: _____

Commodity: _____ **Amount:** _____

2. Date of Sale: _____ **Producer:** _____

Producer's Address: _____

Commodity: _____ **Amount:** _____

3. Date of Sale: _____ **Producer:** _____

Producer's Address: _____

Commodity: _____ **Amount:** _____

4. Date of Sale: _____ **Producer:** _____

Producer's Address: _____

Commodity: _____ **Amount:** _____

5. Date of Sale: _____ **Producer:** _____

Producer's Address: _____

Commodity: _____ **Amount:** _____

15. The transaction(s) listed in Item 12 were made upon the conditions and manner as follows:

Terms of Sale:

F.O.B. Delivered Other Explain _____

Purchased by _____

(Respondent, Agent, or Employee)

Manner of Purchase:

After Inspection By Telephone By Fax

Other Explain _____

Purchased from _____

(Claimant, Agent or Employee)

16. In support of this claim, attached hereto is the following documentary evidence:

Invoice(s) Receipt(s) Manifest

Inspection Certificate Shipping Order Fax

Other Explain _____

17. I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1-16, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

I DECLARE THAT: (Select one)

- Claimant, as listed in Item 2, is the producer of the agricultural products listed in Item 12, which were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is the agent of the Florida producer(s) listed in Item 14. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.
- Claimant, as listed in Item 2, is a dealer in agricultural products as defined in Section 604.15(2), FS, and was properly licensed by the Department at the time of the transactions described in Item 12. The agricultural products listed in Item 12 were produced in _____ County(s), Florida and sold to Respondent, as listed in Item 6, on the dates and in the amounts indicated. Respondent is justly indebted to Claimant for the described Florida-grown agricultural products, and the indebtedness results from Respondent's failure to properly make payment and/or accounting as required by Sections 604.15-604.34, FS.

Sign Here (The individual signing this claim must be an owner, partner, or, in the case of a corporation or co-op, an officer of claimant.)

Signature: _____

Print Name: _____ Title: _____

Before me, the undersigned, personally appeared (Owner, Partner or Officer) _____, who states that he or she has read and understands the statements in Item 17 of this claim and that all foregoing items are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20 _____.

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Signature of Notary Public)

Personally Known or Produced Identification Type of Identification Produced _____

My Commission Expires _____

Notary seal must be affixed to this page.

Claimant must submit the original claim form (bearing original signature and notarization) together with copies of all evidence documenting the sale(s). Claimant must provide a \$50 filing fee for each claim filed with the Department.