

Florida Department of Agriculture and Consumer Services Division of Plant Industry

CITRUS FRUIT HARVESTING PERMIT

Section 581.101(1), F.S. / Rule 5B-63.001, F.A.C.

3027 Lake Alfred Road, Winter Haven, FL 33881 / Phone: (863) 298-3000 Fax: (863) 298-3002

HP#:	Grower/Caretaker C/A#:	Survey Completion Date:
Responsible Party (G	Grower, Harvester, Caretaker, Fruit Dealer):	
Contact Name:		Contact Phone #:
Contact City, State:		Contact Fax #:
County of MB (Grov	re) Location:	_
Grove Block(s):		Sub-block(s):
Varieties in Block(s))/Sub-block(s):	
		Block/Sub-block Acres:
T - R - S Mult	ti-Block (List the Multi-Block associated w	ith the Block(s)/Sub-block(s) indicated above)
Proposed Packinghou	use(s) for Harvested Fruit:	
Packinghouse 1 (1	Name):	
Packinghouse 2 (1	Name):	
Packinghouse 3 (1	Name):	
THIS GROVE IS L	OCATED IN <u>FLORIDA</u> , A CITRUS CAN	KER QUARANTINE AREA.
		ed, commercially packed, and for which a oution to all other markets including the countries of
harvest area, have be		and the EU specified buffer area surrounding the of citrus canker, Xanthomonas axonopodis pv. Citri
The owner or represat the packinghouse		to the packinghouse before or upon arrival of fruit
Field Office:		Date Permit Issued:
Field Office Phone #:		Expiration Date:
HARVESTING MUST BE SURVEY COMPLETION	GIN FROM THIS MULTIBLOCK, OR SUB BLOCK IF A DATE) FOR THIS HARVESTING PERMIT TO BE VALI	PPLICABLE, ON OR BEFORE/_/ (120 DAYS FROM THE ID FOR FRESH FRUIT SHIPMENT TO COUNTRIES OF THE

EUROPEAN UNION. THE HARVESTING PERMIT COVERS REQUIREMENTS FOR CITRUS CANKER INSPECTION ONLY.