



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Plant Industry

**CITRUS HEALTH RESPONSE PROGRAM
APPLICATION FOR PARTICIPATION**

Section 581.184, F.S. / Rule 5B-63.001

3027 Lake Alfred Road, Winter Haven, Florida 33881-1438 / Tel: 863-298-3000 Fax: 863-298-3002

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:

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

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: _____