

TEXAS VALLEY CITRUS COMMITTEE  
901 Business Park Drive, Suite 400  
Mission, Texas 78572

Telephone: (956) 581-2190  
Fax: (956) 584-3307

**CERTIFICATE OF PRIVILEGE NO. \_\_\_\_\_**

I, the undersigned, hereby certify to the Secretary of Agriculture and to the Texas Valley Citrus Committee that I have read, fully understand, and will comply with, the foregoing rules that govern the handling of citrus for processing or for manufacturing for conversion into specified by-products, relief or charity. I further understand that noncompliance is a violation of the Agricultural Marketing Agreement Act, and is subject to a fine of up to \$1,100 for each violation.

By: \_\_\_\_\_  
Name (please print) Signature Date

Firm Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address, City, State, and Zip Code

Physical Address (if different than mailing address): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person in charge of Special Purpose forms: \_\_\_\_\_

Purpose of Shipments:  Processing  Relief/Charity  Otherwise Diverted \_\_\_\_\_  
(check applicable boxes)

Where will shipments originate? \_\_\_\_\_

List Names and Addresses of Consignees below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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