



Florida Department of Agriculture and Consumer Services
 Division of Plant Industry

CITRUS HEALTH RESPONSE PROGRAM APPLICATION

Section 581.184, F.S. / Rule 5B-63.001
 3027 Lake Alfred Road, Winter Haven, FL 33881-1438 / Tel: 863-298-3000

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

Mailing Address: _____
Number Street City Zip County

Property Address: _____
Number Street City Zip County

Contact Person: _____ Title: _____ Phone #: _____

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

TWP	RGE	SEC	Grove Name / Block#	Acres	Variety	MLT-BLK ID#	Tentative Harvest Date	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 *GIS 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.

Submitted by: _____	Date: _____
Owner _____ Agent _____	
Firm Name: _____	

Received by FDACS CHRP: _____	Date: _____
(Name / Title)	