APPLICATION FOR APPROVAL TO PARTICIPATE IN THE BLUEBERRY CERTIFICATION PROGRAM

Section 581.031(26), F.S.

111 S.W. 34th St. / P.O. Box 147100, Gainesville, FL 32614-7100 / (352) 395-4700 / Fax (352) 395-4619

Name of Establishment: __________________________________________________________

Mailing Address: ________________________________________________________________

Physical Locations: ____________________________________________ County: __________

Telephone No.: ___________________ Fax No.: ___________________ Email: ______________

Shipper / Distributor: _____________________________________________________________________________

Conditions for moving fresh blueberry fruit to non-infested areas of Canada under the Blueberry Certification Program:

1. All fresh market blueberry (Vaccinium spp.) fruits being moved from Florida to non-infested areas in Canada must be grown under the conditions of the Blueberry Certification Program and be accompanied by a Movement Certification Label.

2. Fruit must be produced by a grower certified by the Florida Department of Agriculture and Consumer Services (FDACS) for movement under the Blueberry Certification Program.

3. The grower must provide locations of each Monitored Production Area to be considered under the program, including the size and the cultivar(s) of blueberries.

4. Records of shipments under the Blueberry Certification Program must be maintained by the certified growers for at least one year after shipment.

5. Appropriate measures must be taken to ensure that the fruit to be exported are packaged and stored in a manner to prevent contamination by quarantine pests and remain practically free of other injurious pests.

6. Movement Certification Labels authorized by the FDACS must be affixed to the commercial invoices or Customs entry invoices accompanying each shipment.

I, ________________________________ , the owner/person in possession, care, or control of the above named establishment, have read and do understand all the conditions and obligations stated herein by which I may move blueberry fruit, in accordance with the Blueberry Certification Program.

Applicant’s Signature ___________________________________ Date ______________________

Approved for Participation in the Blueberry Certification Program (BCP): ________________ Participant Number

Signature of FDACS Representative ___________________ Date ______________________

Distribution: Original - Gainesville, Copy - Applicant, Copy - FDACS Representative

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