Please complete this questionnaire and include with
THE APPLICATION TO INTRODUCE CITRUS PLANTS & CITRUS PLANT PARTS, FDACS-08084.

In order to proceed with your request to introduce foreign citrus germplasm into Florida, the following background information is needed. If specific information is not available or unknown, please state so.

I. Why would you like to introduce this selection of citrus into Florida?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

In your opinion, what are the most desirable qualities of this citrus?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

II. Nomenclature

Botanical name

________________________________________

Common name (s)

________________________________________

Ploidy number (2n, 3n, 4n)

________________________________________

III. Plant parts available 

________________________________________ (budwood or in-vitro grafted meristems)

IV. Description of the variety

Intended for use as: Fresh Processing Door yard Research: scion rootstock breeding Other

Is the fruit “seedless”? Yes No

If “no”, how many seed per fruit? Mixed block Solid block

Maturity: date location:

Maturity: date location:

Maturity: date location:

Has this variety arisen as a result of irradiation treatment? Yes No

If “yes”, irradiated seed irradiated budwood

Does this variety tend to alternately bear? Yes No
Are there any representative plantings that are available for observation? Yes ______ No _______
If “yes”, where? ____________________________________________
How long have these plantings been in production? ___________
Who should be contacted in order in order to arrange for a visit? Name: ____________________________
Phone No: ___________________ Email: ________________________

V. **Authorized Supplier and Agent information**
(Company or individual that allows propagation of this variety)
Company name ___________________________________________
Address __________________________________________________________________________________
Phone No.: __________________ Fax: ___________________ Email______________________________
Personal contact (name) ___________________________________________
Address __________________________________________________________________________________
Phone No.: __________________ Fax: ___________________ Email______________________________

VI. **Anticipated Fees and Licenses**
Cost for initial germplasm ________________________ Cost per nursery tree ___________
Cost per fruit produced ________________________ Is the variety patented? Yes____ No_____
If “yes”, where? ________________________________________________________________
By whom? __________________________________________ Patent expires: _______________
If patented, please include a copy of the patent.

VII. **Present location of the donor/source tree**
Company name ___________________________________________
Insect-proof greenhouse or screenhouse? Yes____ No____ Field planting? Yes_____ No_____
Other (describe) ______________________________________________________________________
Personal contact (name) ___________________________________________
Address __________________________________________________________________________________
Phone No.: __________________ Fax: ___________________ Email______________________________
What citrus pathogens and diseases are known to occur in this immediate area?
____________________________________________________________________________________
____________________________________________________________________________________

VIII. **Description of the donor/source tree**
Does this plant originate from a line of shoot-tip grafted plants? Yes_____ No_____
If yes, has this plant been maintained in a pest-free and protected environment? Yes_____ No_____
Has this plant been cross protected with any viruses? Yes______ No____
If “yes”, which one(s)? ______________________________________________________________
Have any viroids or transmissible small nuclear ribonucleic acids been used in the plant? Yes_____ No____
If “If yes”, which one(s)? __________________________________________________________________
Has this plant been tested for any graft-transmissible pathogens? Yes______ No____
If “yes”, which pathogens and what test methods were used?

<table>
<thead>
<tr>
<th>Pathogen</th>
<th>Detection Method</th>
<th>Results</th>
<th>Date Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please include any additional information on this sheet or attached sheets of paper.