

APPLICATION FOR PERMIT TO MAKE TEST SHIPMENTS  
OF EXPERIMENTAL CONTAINERS FOR FRESH CITRUS FRUIT

To: Florida Department of Citrus  
License & Permit Administrator  
P. O. Box 148  
Lakeland, Fl 33802  
Fax number 863/284-4315

Date \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Shipper) (Mailing Address)

hereby requests permission to make experimental shipments of a container which is not approved for use under Chapter 20-39, Florida Administrative Code. It is agreed that use of this container will be in full compliance with all applicable rules of the Department of Citrus, except as follows: \_\_\_\_\_

**It is further agreed that we shall be responsible for filing a detailed written report with the Department of Citrus at the end of the shipping season relating our experience with this container, including the number of 4/5 bushel equivalent boxes shipped in commercial channels, together with such recommendation deemed appropriate.**

Capacity and type of material used in construction: \_\_\_\_\_

Description of container: \_\_\_\_\_

Inside dimensions: \_\_\_\_\_

Volumetric measurement in cubic inches: \_\_\_\_\_  
(This measurement is required )

Number of containers to be used in experiment: \_\_\_\_\_ Variety of Citrus: \_\_\_\_\_

If other than 4/5 bushel capacity container, convert number of units to be used into 4/5 bushel equivalent boxes: \_\_\_\_\_ 4/5 bu. equivalent

Minimum board weight: Body: \_\_\_\_\_ Cover: \_\_\_\_\_

Shaker or volume fill packing? Yes \_\_\_\_\_ No \_\_\_\_\_ Place packing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Bags? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of manufacturer: \_\_\_\_\_

Anticipated advantage over currently approved similar container: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_