

I N D E X

PAGES

1. Requirements for Citrus Producing States & Export.
(Quick reference) (page 1 of 2).
2. Requirements for Citrus Producing States & Export.
(Quick reference) (page 2 of 2).
3. Approved Protocol Counties with Office Phone Numbers.
4. Caribbean fruit fly Certification Program Compliance
Agreement (Page 1 of 2).
5. Caribbean fruit fly Certification Program Compliance
Agreement (Page 2 of 2).

REQUIREMENTS

- 1) **California**
CITRUS PROHIBITED
- 2) **Hawaii**
CITRUS PROHIBITED
- 3) **Texas**
CITRUS PROHIBITED
- 4) **Arizona**
CITRUS PROHIBITED
- 5) **Louisiana**
CITRUS PROHIBITED
- 6) **Canada**
 - a) No signature required (Example: EX2).
 - b) Confirmation of Sale.
- 7) **Puerto Rico** – CITRUS PROHIBITED
U.S. Virgin Islands – CITRUS PROHIBITED
Hong Kong - No federal Phyto required (Example: EX4).
- 8) **Japan**
 - a. Fly Free Zone Fruit (Example: EX12 & EX13).
 - b. Methyl Bromide Fumigation (Example: EX9).
(fumigation has not been done in several years).
 - c. Cold-Treatment Fruit (Example: EX7 & EX8).
- 9) **China**
 - a. Fly Free Zone Fruit (Example: EX3).
- 10) **Philippines**
 - a) Fly Free Zone Fruit (Example: EX25).
 - b) Import Permit.

- 11) **Korea**
 - a) Fly Free Zone Fruit (Example: EX14).

- 12) **Guam**
CITRUS PROHIBITED

- 13) **Bahamas**
CITRUS PROHIBITED

- 14) **Bermuda**
 - a) Import Permit.
 - b) Fly Free Zone Fruit (Example: EX1).

- 15) **European Union**
 - a) Additional Declaration (EX-19)
 - b) Countries in European Union (EX 19-A)

All off- shore EXPORT need the following:

- a) County Grown In.

- b) Type of Fungicide Treatment (SOPP, Peroxyacetic Acid or Chlorine Rinse)

- c) DFVI seal (a partial load; more fruit is being picked up at another packinghouse truck must be sealed at first packinghouse, broken by appropriate person at second pickup, DFVI seal marked through on manifest and changed to the correct DFVI seal and initialed).

- d) All OFF- SHORE EXPORTS must be signed by inspector or PIQ houses stamped with signature (all copies).

- e) The inspection date(s) must be in appropriated place on manifest.

- f) Must show traceability of fruit from harvesting to shipping, by showing Lot Nos. etc.

If you need help or have any question please fill free to call Division of Fruit & Vegetables at (863) 291-5820.

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
DIVISION OF PLANT INDUSTRY
CARIBBEAN FRUIT FLY CERTIFICATION PROGRAM

APPROVED PROTOCOL COUNTIES WITH OFFICE PHONE NUMBERS

LABELLE OFFICE

(863) 674-4007

CHARLOTTE COUNTY
COLLIER COUNTY
DESOTO COUNTY
GLADES COUNTY
HENDRY COUNTY
LEE COUNTY
SARASOTA COUNTY

WINTER HAVEN OFFICE

(863) 298-7758

HARDEE COUNTY
HIGHLANDS COUNTY
LAKE COUNTY
MANATEE COUNTY
ORANGE COUNTY
OSCEOLA COUNTY
PASCO COUNTY
POLK COUNTY

VERO BEACH OFFICE

(772) 778-7255

BREVARD COUNTY
INDIAN RIVER COUNTY
VOLUSIA COUNTY

FT. PIERCE OFFICE

(772) 460-3684

MARTIN COUNTY
OKEECHOBEE COUNTY
PALM BEACH COUNTY
ST. LUCIE COUNTY (S of Hwy 70)

FT. PIERCE OFFICE

(772) 460-3687

ST. LUCIE COUNTY (N of Hwy 70)

OPERATIONS

(772) 468-4092

Program Director: M Laird Weaver: (772) 468-4094 Cell No.: (772) 201-2282
Denise Marshall: (772) 467-3069 Cell No.: (772) 201-2203
Marilyn Quigley: (772) 468-4092 Cell No.: (772) 201-2308
Barbara Scher: (772) 468-4093 Cell No.: (772) 201-2387

Participant # _____

CARIBBEAN FRUIT FLY CERTIFICATION PROGRAM zone: _____

COMPLIANCE AGREEMENTS: T: _____ R: _____

PACKINGHOUSE

Phone: _____

Section 581.031(26), F.S.

1. NAME AND MAILING ADDRESS OF PERSON OR FIRM	2. LOCATION
3. REGULATED ARTICLE(S):	
4. APPLICABLE STATE QUARANTINE(S) OR REGULATIONS:	

I / we agree to handle, pack, process, and move regulated articles in accordance with applicable plant quarantines; use all permits and certificates in accordance with instructions; maintain and offer for inspection such records as may be required; and abide by the following stipulations:

1. A designated person shall be assigned the responsibility to implement and supervise the requirements of this agreement. The person=s name shall appear in the following statement:

I/We, representing _____, do hereby designate and appoint _____,

Company Name Name (Print)

Phone Number _____, as our agent who shall have full responsibility to see that all stipulations stated in this agreement are met with full compliance.

Business

2. Citrus fruit that is processed through said packinghouse, under this agreement, shall come from sources certified by the Department as meeting all the necessary requirements as listed in the protocol and part of this agreement. A copy of the protocol shall be attached.
3. When receiving harvested certified fruit, each bin of fruit shall bear an orange identification card that is legible and visible to the inspector with the Caribbean Fruit Fly Certification Designated Area Number and/or letter suffix and date of harvest listed.
4. Prior to harvesting bins being unloaded from a transport truck, all bins must be checked for any missing or non-legible orange identification cards. In order to maintain the identity of certified fruit, any missing cards must be replaced.
5. The identity of certified fruit will be maintained at all times. Caribbean Fruit Fly Protocol fruit will be stored in segregated areas of the packinghouse which are accessible for inspection. Ample space must be allocated for separation of certified and non-certified fruit. Upon request to get an accurate count of protocol fruit in the packinghouse, the receiving manager will make this information available to protocol personnel.
6. Caribbean Fruit Fly Protocol fruit will be packed only on well marked line(s) with signs provided by the Department. This will only occur under the direct supervision of a Department representative to ensure no mixing of fruit from non-designated areas or from other designated areas. When switching from one certified designated area to another certified designated area, fruit may be brought up to the second grading table and stopped until the remaining fruit on the line is packed or discarded, to prevent commingling. When running non-certified fruit prior to running certified fruit, the line(s) will be thoroughly cleaned and checked for any fruit which could be left from the previous run.

Packinghouse Compliance Agreement, cont.

7. When dumping of certified fruit has started, a sample of the orange identification card for each designated area and a trip ticket with Sec-Twp-Rge and designated area will be hand carried to a Department representative or PIQ house official.
8. After each harvesting bin is dumped, all orange identification cards shall be removed and all bins completely emptied before bins are returned to the harvester.
9. As the fruit is processed and packed, each carton shall be labeled with a special Caribbean Fruit Fly Certification stamp (CFFP), as specified by the Department. The stamp will bear the designated area number and the appropriate wording in compliance with the protocol. **All wording, numbers and alphabetical suffixes must be legible.** Lettering must be no less than 3/4 inches high and 6 inches long. Labels that are incorrect or illegible will cause the citrus fruit to be disqualified for certification. Certification can be denied by the Department or its authorized representative.
10. All cartons of packed fruit, bearing the designated area number, shall be stored in an area segregated from all other non-certified fruit and be accessible for inspection. Each individual pallet shall have an orange identification card for each designated area with the following information:
 - A. Designated Area Number;
 - B. Date harvested.
 It is of utmost importance that the identity of the certified fruit be maintained at all times. Should the identity of the certified fruit become questionable, certification may be refused and fruit disqualified for shipping under this compliance agreement.
11. An official document shall accompany each shipment of certified fruit which shall be issued and signed by a representative of the Department at the time the shipment is loaded on the transporting vehicle. After loading is completed, Department seals shall be attached to each door latch and shall remain affixed until reaching its destination. Packinghouses shall assign a responsible person to place D.F.V.I. seals on trailers upon completion of loading. Trailers not properly sealed, side and rear doors, will be rejected at ports of export.
12. It shall be the responsibility of your company or appointed agent to notify the appropriate Department inspector of all scheduled packing dates for fruit under this agreement. **Notice shall be given at least 24 hours in advance.**
13. Cartons marked for the Caribbean Fruit Fly Protocol cannot be used for cold treatment.
14. Any fruit that fails or is disqualified for not meeting CFFP requirements shall not be packed in cartons marked for protocol. Cartons bearing a designated area number cannot be used to ship non-certified fruit or fruit from another designated area.

5. SIGNATURE	6. TITLE	7. DATE SIGNED
The affixing of the signatures below will validate this agreement which shall remain in effect until canceled, but may be revised as necessary or revoked for noncompliance.		8. AGREEMENT NO.
		9. DATE OF AGREEMENT
10. OFFICIAL (Name and Title)	11. ADDRESS	
12. SIGNATURE		

INSTRUCTIONS FOR CONTAINER PERMIT FORM

MAKE ENOUGH BLANK COPIES FOR EACH PERMIT THAT YOUR PACKINGHOUSE HAS REGISTERED WITH THE DEPARTMENT OF CITRUS. .

PLEASE FILL IN INFORMATION FOR YOUR PACKINGHOUSE.

PLEASE CONVERT TO 4/5 BUSHEL.

TOTALS ARE FROM AUG. 1 THRU THE DATE SHOWN.

FAX MONTHLY BEFORE THE 10TH OF EACH MONTH.

FAX NO: (863) 295-5184. THANK YOU.

IF NO RESPONSE BY THE 10TH OF EACH MONTH, THE DEPARTMENT OF CITRUS WILL BE NOTIFIED THAT NO CONTAINER PERMIT REPORTS ARE AVAILABLE FROM YOUR PACKINGHOUSE FOR THAT MONTH.

If you have any questions please feel free to call, .
Carolyn Roberts Ext. 204.

(FORM FOLLOWS - PAGE 7)

DATE:
DISTRICT
PERMIT NUMBER:
D.O.C. Number:

2008-2009 SEASON CONTAINER PERMIT FORM

PLEASE FILL THIS FORM OUT AND FAX THE FIGURES IN TO THE STATISTICAL OFFICE IN WINTER HAVEN BY THE 10TH OF EACH MONTH.

This is to certify that _____, FL, has shipped out under F.C.C. Container Permit No. _____ through the various periods below; the total number of 4/5 Bushel Containers are shown below:

PLEASE NOTE: **THESE TOTALS ARE FROM AUG. 1 THRU THE DATE SHOWN.**

<u>PERIOD</u>	<u>4/5 BU CTNS</u>	
Aug. 1 thru Aug. 31, 2008	_____	
Aug. 1 thru Sept.30, 2008	_____	
Aug. 1 thru Oct. 31, 2008	_____	
Aug. 1 thru Nov. 30, 2008	_____	
Aug. 1 thru Dec. 31, 2008	_____	
Aug. 1 thru Jan. 31, 2009	_____	
Aug. 1 thru Feb. 28, 2009	_____	
Aug. 1 thru Mar. 31, 2009	_____	
Aug. 1 thru Apr. 30, 2009	_____	
Aug. 1 thru May 31,2009	_____	
Aug.1 thru June 30, 2009	_____	
Aug.1 thru July 31, 2009	_____	GRAND TOTAL 2008-2009 SEASON

Permit Number:_____ D.O.C. Number:

Description:

Inside Dimensions:

Number of 4/5 Bushel Equivalents:

Variety:_____ Date Issued:

SIGNATURE OF FIRM REPRESENTATIVE
