

TREATMENT VERIFICATION FORM

To be used with ACP Program Compliance Agreement and Exhibit T

PROVISIONS FOR THE MOVEMENT OF BULK CITRUS WITH STEMS AND LEAVES FROM ASIAN CITRUS PSYLLID RESTRICTED AREA(S)

This “Treatment Verification Form” must:

- be completed in full after every application for ACP, and
- accompany each shipment of bulk citrus, and
- be provided to the approved packer/processor/receiver upon delivery.

Grower/Grove Manager and Treatment Information

Name:		
Compliance Agreement Number:		
Contact Information:	Phone #:	Fax #:
Operator Identification Number/Permit Number for treatment application:		
Site Identification Number(s) of grove(s) treated for ACP:		
Treatment Application Date:		
Harvest Date:		

Packer/Processor/Receiver Information

Name:	
Date Shipment Received:	