Application for use of "Jersey Fresh Quality Grading Program" label/mark on packages of New Jersey Produced Agricultural Commodities.

In accordance with requirements of N.J.S.A. Title 4, Chapter 10, Article 5 application is hereby made for permission to use the "Jersey Fresh Quality Grading Program" label/mark.

LOCATION (S) OF PACKING FACILITIES:

I (we) agree to comply with all the terms and conditions of the regulations pertaining to the use of the "Jersey Fresh Grading Program" label/mark. Enclosed is a check for $30.00 made payable to NEW JERSEY FARM PRODUCTS PUBLICITY FUND.

List the commodities that you will pack under the "Jersey Fresh Quality Grading Program" label/mark.

I (we) will pack the above listed commodities in containers -

(check all boxes that apply) □ imprinted with the "Quality Logo" □ labeled with the "Quality Logo"

________________________   ______________________   ______________________   ______________________   ______________________

________________________   ______________________   ______________________   ______________________   ______________________

________________________   ______________________   ______________________   ______________________   ______________________

I (we) will pack the above listed commodities in containers -

________________________   ______________________   ______________________   ______________________   ______________________

________________________   ______________________   ______________________   ______________________   ______________________

________________________   ______________________   ______________________   ______________________   ______________________

________________________   ______________________   ______________________   ______________________   ______________________

NAME OF APPLICANT (Individual, Partnership, Corporation) __________________________________________

NUMBER & STREET __________________________________________

CITY __________________________________________

STATE __________________________________________

ZIP CODE __________________________________________

E-Mail Address __________________________________________

Telephone Number __________________________________________

Fax Number __________________________________________

E-Mail Address __________________________________________

Registration No. (Office Use Only) ____________________________

Signature of Owner or Corporate Officer ____________________________

Date ____________________________

Title ____________________________

REVISED 10/03