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COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Plant Industry

DESCRIPTION OF REGULATED CITRUS GERMPLASM

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Phone: (352) 395-4992

Attn: Kristen Helseth, Administrator, Florida Citrus Repository
Email: Kristen.Helseth@FDACS.gov

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	<hr/>
Common name (s)	<hr/>
Ploidy number (2n, 3n, 4n)	<hr/>

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 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?

Pathogen	Detection Method	Results	Date Tested

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