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

Common name (s)

Ploidy number (2n, 3n, 4n)

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

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 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?

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<th>Pathogen</th>
<th>Detection Method</th>
<th>Results</th>
<th>Date Tested</th>
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Please include any additional information on this sheet or attached sheets of paper.