



Florida Department of Agriculture & Consumer Services
Division of Marketing and Development

REQUEST FOR AUTHORIZATION TO BACKHAUL TO A PROCESSOR

Bureau of Food Distribution
Mayo Bldg., 2nd Floor (M39)
407 S. Calhoun St.
Tallahassee, Florida 32399-0800
Phone: (850) 487-6694
Fax: (850) 488-6961

CHARLES H. BRONSON
COMMISSIONER

7 CFR 250

R/A Name _____ Program # _____
Address _____
City _____, Florida Zip _____ EMail _____

The above named recipient agency requests authorization to backhaul _____ pounds/cases (circle) of
_____ DO # BH _____ USDA donated commodity to the below named processor's plant.

RA Signature/Title _____
(Signature)

(Print Name and Title)

Name or Warehouse, address, phone number and where the Commodity is being stored

BACKHAUL TO: _____
(NAME OF PROCESSOR)

Contact Person _____
Address _____
City _____, State _____ Zip _____
Phone () _____ Fax () _____ E-Mail _____

Authorized Signature _____
(Processor Signature & Title)

END PRODUCT: _____

FDACS USE ONLY

AUTHORIZATION APPROVED:

SIGNATURE TITLE DATE

THIS REQUEST IS TO BE SIGNED BY THE PROCESSOR AND R/A THEN FORWARDED TO
THE BUREAU OF FOOD DISTRIBUTION FOR AUTHORIZATION