

**Confidential**

**Citrus Pest & Disease Prevention  
 Prior Rate Monthly Assessment Remittance  
 (CDF-005P)**

**SEND MONTHLY REMITTANCE  
 PAYABLE TO "CDFA CASHIER 90011"  
 AND THIS FORM TO:**

Cashier - 90011  
 Department of Food and Agriculture  
 PO Box 942872  
 Sacramento, CA 94271-2872



**CITRUS PEST & DISEASE  
 PREVENTION DIVISION**  
 CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE

**Use this form for all citrus packed between  
 10/01/20 and 09/30/21**

|                            |                      |                                 |
|----------------------------|----------------------|---------------------------------|
| COMPANY NAME:              | REGISTRATION NUMBER: | REPORTING MONTH:                |
| P.O. BOX/STREET ADDRESS:   |                      | AREA CODE AND TELEPHONE NUMBER: |
| CITY, STATE, AND ZIP CODE: | COUNTY:              | DUE DATE:                       |

Has any of the above information changed? If yes, please complete a CDF-011 and attach to this form to change/update your information.

| Citrus Pest & Disease Prevention Assessment |   |   |
|---|---|---|
| A   | B   | C   |
| Total Weight Received<br>(Pounds)           | Number of Cartons<br>(Total Weight ÷ 40lbs) | Assessment Amount<br>(Number of Cartons x \$0.08) |
|   |   |   |
|   |   | Subtotal  |
|   |   | Penalty <sup>1</sup>                              |
|   |   | <b>Total Amount to Remit</b>                      |

**NOTE: If there are no shipments to report, this form must be submitted indicating "Nothing to Report"**

- Last report for the season. Will begin reporting again in \_\_\_\_\_
- Nothing to Report

<sup>1</sup>**Due Dates and Penalty** - Fees for the Citrus Pest & Disease Prevention Division are payable on the last day of the month immediately following the month in which commodities were received. Fees shall be paid no later than the 10th day of the month following the month for which the fees are payable. Payments that are not postmarked by the 10th day of the month following month the fees are payable will be late. Handlers who fail to pay the fee within the prescribed time shall pay a penalty of 10% of the amount due and, in addition, 1.5% interest per month for the unpaid balance. Write in the amount of the penalty and interest owned. If none, write 0.

|  |           |      |
|--|-----------|------|
| PRINT NAME OF PERSON COMPLETING REPORT | SIGNATURE | DATE |
|--|-----------|------|

**Instructions for Form CDF-005 Monthly Assessment Remittance**

- Enter the total weight received (in pounds) in **Column A**.
- Divide the total pound weight of the commodity received by 40 pounds. This will determine the number of 40 pound carton equivalent to be assessed. Enter in **Column B**. For example – if 40,000 pounds is received, divide 40,000 by 40 and enter the result – 1,000 in **Column B**.
- Multiply the amount in **Column B** by the current assessment rate (0.08) and enter the amount in **Column C**.
- Transfer the amount from **Column C** to the Subtotal box.
- Due Dates and Penalty:** Fees for the Citrus Pest & Disease Prevention Division are payable on the last day of the month immediately following the month in which commodities were received. Fees shall be paid no later than the 10th day of the month following the month for which the fees are payable. Payments that are not postmarked by the 10th day of the month following month the fees are payable will be late. Handlers who fail to pay the fee within the prescribed time shall pay a penalty of 10% of the amount due and, in addition, 1.5% interest per month for the unpaid balance. Write in the amount of the penalty and interest owned. If none, write 0.
- Add the Subtotal and Penalty (if applicable) together and enter in the Total Amount to Remit box.
- Make checks payable to "CDFA CASHIER 90011".
- Remit payment and CDF-005 Assessment Remittance to:  
**Cashier - 90011**  
 Department of Food and Agriculture  
 PO Box 942872  
 Sacramento, CA 94271-2872

# SAMPLE

***This is a sample for reference only. Actual form is n the reverse.***

|                            |                      |                                 |
|----------------------------|----------------------|---------------------------------|
| COMPANY NAME:              | REGISTRATION NUMBER: | REPORTING MONTH:                |
| P.O. BOX/STREET ADDRESS:   |                      | AREA CODE AND TELEPHONE NUMBER: |
| CITY, STATE, AND ZIP CODE: | COUNTY:              | DUE DATE:                       |

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| Citrus Pest & Disease Prevention Assessment |   |   |
|---|---|---|
| A   | B   | C   |
| Total Weight Received<br>(Pounds)           | Number of Cartons<br>(Total Weight ÷ 40lbs) | Assessment Amount<br>(Number of Cartons x \$0.08) |
| <b>40,000</b>                               | <b>1,000</b>                                | <b>\$80.00</b>                                    |
|   |   | Subtotal  |
|   |   | <b>\$80.00</b>                                    |
|   |   | Penalty <sup>1</sup>                              |
|   |   | <b>\$0.00</b>                                     |
|   |   | Total Amount to Remit                             |
|   |   | <b>\$80.00</b>                                    |

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|  |           |      |
|--|-----------|------|
| PRINT NAME OF PERSON COMPLETING REPORT | SIGNATURE | DATE |
|--|-----------|------|

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