

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for these information collections are 0579-0054 and 0579-0213. The time required to complete this information collection is estimated to average 0.17 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0054 and 0579-0213
EXP DATE XX/XXXX

No permit can be issued to move live plant pests or noxious weeds until an application is received (7 CFR 330 (live plant pests) or 7 CFR 360 (noxious weeds)).

| | | | | | | |
|--|---|---|------------------------------|------------------------------------|--|------------------------------|
| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE PERMITS AND RISK ASSESSMENT, UNIT 133 RIVERDALE, MARYLAND 20737 APPLICATION FOR PERMIT TO MOVE LIVE PLANT PESTS OR NOXIOUS WEEDS | | SECTION A - TO BE COMPLETED BY THE APPLICANT | | | | |
| 3. TYPE OF PEST TO BE MOVED * <input type="checkbox"/> Pathogens <input type="checkbox"/> Arthropods <input type="checkbox"/> Noxious Weeds <input type="checkbox"/> Other (Specify) _____ | | 1. NAME, TITLE, AND ADDRESS (Include ZIP Code) | | | | |
| This permit does not authorize the introduction, importation, interstate movement, or release into the environment of any genetically engineered organisms or products. | | 2. TELEPHONE NO. () | | | | |
| A. SCIENTIFIC NAMES OF PESTS TO BE MOVED | B. CLASSIFICATION (Orders, Families, Races, or Strains) | C. LIFE STATES, IF APPLICABLE | D. NO. OF SPECIMENS OR UNITS | E. SHIPPED FROM (Country or State) | F. ARE PESTS ESTABLISHED IN U.S.? | G. MAJOR HOST(S) OF THE PEST |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. WHAT HOST MATERIAL OR SUBSTITUTES WILL ACCOMPANY WHICH PESTS (Indicate by line number) | | | | | | |
| 8. DESTINATION | | | 9. PORT OF ARRIVAL | | 10. APPROXIMATE DATE OF ARRIVAL OR INTERSTATE MOVEMENT | |
| 11. NO. OF SHIPMENTS | 12. SUPPLIER | | 13. METHOD OF SHIPMENT | | | |
| <input type="checkbox"/> Air Mail <input type="checkbox"/> Air Freight <input type="checkbox"/> Baggage <input type="checkbox"/> Auto | | | | | | |
| 14. INTENDED USE (Be specific, attach outline of intended research) | | | | | | |
| 15. METHODS TO BE USED TO PREVENT PLANT PEST ESCAPE | | | | 16. METHOD OF FINAL DISPOSITION | | |
| 17. Applicant must be a resident of the U.S.A. I/We agree to comply with the safeguards printed on the reverse of this form, and understand that a permit may be subject to other conditions specified in Section B and C. | | SIGNATURE OF APPLICANT (Must be person named in Item 1) | | | 18. DATE | |

WARNING: Any alteration, forgery, or unauthorized use of this document is subject to civil penalties of up to \$250,000 (7 U.S.C. s7734(b)) or punishable by a fine of not more than \$10,000, or imprisonment of not more than 5 years, or both (18 U.S.C. s1001).

| | | | |
|---|--|----------------------------|-----------|
| SECTION B - TO BE COMPLETED BY STATE OFFICIAL | | | |
| 19. RECOMMENDATION <input type="checkbox"/> Concur (Approve) <input type="checkbox"/> Comments (Disapprove) <input type="checkbox"/> (Accept USDA Decision) | | 20. CONDITIONS RECOMMENDED | |
| 21. SIGNATURE | | 22. TITLE | 23. STATE |
| | | | 24. DATE |
| SECTION C - TO BE COMPLETED BY FEDERAL OFFICIAL | | | |
| 25. PERMIT NO. | | | |

PERMIT
(Permit not valid unless signed by an authorized official of the Animal and Plant Health Inspection Service)

Under authority of the Plant Protection Act of 2000, permission is hereby granted to the applicant named above to move the pests described, except as deleted, subject to the conditions stated on, or attached to this application. (See standard conditions on reverse side.)

* For exotic plant pathogens, attach a completed PPQ Form 526-1.

| | | | | |
|---|----------|-------------------|-----------------|-------------------|
| 26. SIGNATURE OF PLANT PROTECTION AND QUARANTINE OFFICIAL | 27. DATE | 28. LABELS ISSUED | 29. VALID UNTIL | 30. PEST CATEGORY |
|---|----------|-------------------|-----------------|-------------------|

STANDARD SAFEGUARDS OF PERMIT

1. All pests must be shipped in sturdy, escape-proof containers.
2. Upon receipt of pests, all packing material media, substrate, soil and shipping containers shall be sterilized or destroyed immediately after removing pests.
3. Pests shall be kept only within the laboratory or designated area at the permittee's address.
4. No living pests kept under this permit shall be removed from confined area except by prior approval from State and Federal regulatory officials.
5. Without prior notice and during reasonable hours, authorized PPQ and State regulatory officials shall be allowed to inspect the conditions under which the pests are kept.
6. All pests kept under this permit shall be destroyed at the completion of the intended use, and not later than the expiration date, unless an extension is granted by this issuing office.
7. All necessary precautions must be taken to prevent escape of pests. In the event of an escape, notify this office.