

NO PERMIT WILL BE ISSUED TO MOVE AND USE LIVE INSECTS OR PLANT
PESTS OR NOXIOUS WEEDS UNTIL A COMPLETED APPLICATION IS RECEIVED.

DEPARTMENT OF FOOD AND AGRICULTURE PLANT HEALTH AND PEST PREVENTION SERVICES 1220 N STREET, ROOM 221 SACRAMENTO, CALIFORNIA 95814 APPLICATION AND PERMIT TO MOVE AND USE LIVE PLANT PESTS OR INSECTS OR NOXIOUS WEEDS (Attachments may accompany application if space is insufficient)		SECTION A TO BE COMPLETED BY APPLICANT			
3. TYPE OF ORGANISM <input type="checkbox"/> Arthropod <input type="checkbox"/> Pathogen <input type="checkbox"/> Noxious Weed <input type="checkbox"/> Nematode		1. NAME AND ADDRESS (Include organization name and Zip Code)			
4. SCIENTIFIC NAME OF ORGANISM		CLASSIFICATION (Order, Family, etc.)	LIFE STAGES	NUMBER OF SPECIMENS	MOVED OR SHIPPED FROM
5. ADDRESS OF USE LOCATION IF DIFFERENT THAN ITEM 1.		6. NAME AND ADDRESS OF SUPPLIER			7. DESTINATION COUNTY
8. APPROXIMATE DATE OF MOVEMENT	9. NUMBER OF SHIPMENTS	10. METHOD OF SHIPMENT <input type="checkbox"/> Mail <input type="checkbox"/> Freight <input type="checkbox"/> Baggage <input type="checkbox"/> Auto			
11. INTENDED USE (Be specific; state whether use will be in a laboratory and/or greenhouse and/or in the field, and, in the case of pathogens, state whether use will include plant inoculation.)					

12. METHODS TO BE USED TO PREVENT ESCAPE OF THE ORGANISMS	13. METHOD OF FINAL DISPOSITION
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14. I/We agree to comply with the Standard Conditions of Permit, and understand that the permit is subject to other conditions which may be prescribed.	SIGNATURE OF APPLICANT	DATE
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SECTION B – TO BE COMPLETED BY STATE OFFICIAL

PERMIT	PERMIT NUMBER
(Permit not valid unless signed by an authorized official of Plant Health and Pest Prevention Services Division)	

Under authority of Section 6305 of the Food and Agricultural code, permission is hereby granted to the applicant named above to move and use the organisms described, except as deleted, subject to the conditions stated on, or attached to, this application.

VIOLATION OF ANY OF THE CONDITONS OF THIS PERMIT SHALL BE SUFFICIENT CAUSE FOR ITS IMMEDIATE REVOCATION.

15. SIGNATURE OF STATE OFFICIAL	16. DATE ISSUED	17. EXPIRATION DATE
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