

NO PERMIT WILL BE ISSUED TO MOVE AND USE PLANT QUARANTINE
COMMODITIES 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 PLANT QUARANTINE COMMODITIES		SECTION A – TO BE COMPLETED BY APPLICANT		
		1. NAME AND ADDRESS (Include Zip Code)		
3. TYPE OF PLANT QUARANTINE COMMODITY <input type="checkbox"/> Plants <input type="checkbox"/> Other (Specify)		2. TELEPHONE/FAX/EMAIL		
4. SCIENTIFIC AND COMMON NAME OF COMMODITIES	5. LIFE STAGES IF PLANT MATERIAL (Seedlings, trees, firewood, etc.)	6. IF SEEDLINGS OR TREES, INDICATE HOW THEY WILL BE SHIPPED (e.g., bare root, field dug, balled & burlap, in containers, etc.)	7. NUMBER OF PLANTS OR OTHER COMMODITY	8. GROWN OR PRODUCED IN (County and State)
9. ADDRESS OF USE LOCATION IF DIFFERENT THAN ITEM 1.		10. NAME AND ADDRESS OF SUPPLIER		11. DESTINATION COUNTY
12. APPROXIMATE DATE OF MOVEMENT		13. NUMBER OF SHIPMENTS	14. METHOD OF TRANSPORTATION <input type="checkbox"/> Mail <input type="checkbox"/> Freight <input type="checkbox"/> Baggage <input type="checkbox"/> Auto	
15. INTENDED USE (Be specific and state whether use will be in a laboratory and/or greenhouse and/or in the field.)				
16. METHODS TO BE USED TO PREVENT ESCAPE OF THE ORGANISMS			17. METHOD OF FINAL DISPOSITION	
18. I/We agree to comply with the conditions printed on the reverse of this form, and understand that the permit is subject to other conditions which may be prescribed.		19. SIGNATURE OF APPLICANT		20. DATE
SECTION B - TO BE COMPLETED BY STATE OFFICIAL				
PERMIT				21. PERMIT NO.
(Permit not valid unless signed by an authorized official of Plant Health and Pest Prevention Services Division)				

Under authority of Section 3154 of the California Code of Regulations, permission is hereby granted to the applicant named above to move and use the commodities described, except as deleted, subject to the conditions stated on, or attached to, this application. (See standard conditions on reverse side.)

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

22. SIGNATURE OF STATE OFFICIAL	23. DATE ISSUED	24. EXPIRATION DATE

Attachments may accompany application if space on application is insufficient.

Copy to: County Agricultural Commissioner
Pest Exclusion Area Biologist
Program Supervisor, Pest Exclusion
Supplier
File