

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
PLANT PROTECTION AND QUARANTINE  
BIOLOGICAL ASSESSMENT AND TAXONOMIC SUPPORT  
RIVERDALE, MARYLAND 20737  
  
APPLICATION AND PERMIT TO MOVE  
LIVE PLANT PESTS OR NOXIOUS WEEDS

SECTION A - TO BE COMPLETED BY THE APPLICANT

1. NAME, TITLE, AND ADDRESS (Include Zip Code)

3. TYPE OF PEST TO BE MOVED

\*  Pathogens  Arthropods  Noxious Weeds

Other (Specify): \_\_\_\_\_

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 STAGES 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<br><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 Sections B and C. | SIGNATURE OF APPLICANT (Must be person named in Item 1) | 18. DATE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------|

SECTION B - TO BE COMPLETED BY STATE OFFICIAL

|                                                                                                                                                                   |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 19. RECOMMENDATION<br><input type="checkbox"/> Concur (Approve) <input type="checkbox"/> Comments (Disapprove)<br><input type="checkbox"/> (Accept USDA Decision) | 20. CONDITIONS RECOMMENDED |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|

|                         |           |           |          |
|-------------------------|-----------|-----------|----------|
| 21. SIGNATURE AND TITLE | 22. TITLE | 23. STATE | 24. DATE |
|-------------------------|-----------|-----------|----------|

SECTION C - TO BE COMPLETED BY FEDERAL OFFICIAL

PERMIT

25. PERMIT NO.

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

Under authority of the Federal Plant Pest Act of May 23, 1957 or the Federal Noxious Weed Act of 1974, 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.

|                                                           |          |                   |                 |                   |
|-----------------------------------------------------------|----------|-------------------|-----------------|-------------------|
| 24. SIGNATURE OF PLANT PROTECTION AND QUARANTINE OFFICIAL | 25. DATE | 26. LABELS ISSUED | 27. VALID UNTIL | 28. PEST CATEGORY |
|-----------------------------------------------------------|----------|-------------------|-----------------|-------------------|