

This report is authorized by law (7 U.S.C. 147a). While you are not required to provide your cooperation is needed to make an accurate record of plant pest collection.

Fill out PPQ Form 391 as follows:

The ID number:

Last two digits of the year - Inspector/Identifiers initials -

Sample number for the year

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
SPECIMENS FOR DETERMINATION**

Instructions:
when handwritten, follow the format of John J. Dingle. Pest Data Section, if applicable. Use of abbreviations is acceptable.

1. COLLECTION NUMBER

09-GAV-013

2. DATE

MO	DA	YR
04	16	09

3. SUBMITTING AGENCY

State Cooperator PPQ Other _____

SENDER AND ORIGIN

4. NAME OF SENDER

G.A. van de Kerckhove

6. ADDRESS OF SENDER

USDA Plant Inspection Station , 835 South 192nd

Suite 1600

SeaTac, Washington

ZIP 98148

INTERCEPTION SITE

5. TYPE OF PROPERTY (Farm, Feedmill, Nursery, etc.)

Nursery

7. NAME AND ADDRESS OF PROPERTY OR OWNER

TRECO

Oregon Rootstock and Tree Co., Inc.

10906 Monitor-McKee Road NE

Woodburn, Oregon

COUNTRY/
COUNTY

USA

8. REASON FOR IDENTIFICATION ("x" ALL Applicable Items)

PURPOSE

A. Biological Control (Target Pest Name)

B. Damaging Crops/Plants

C. Suspected Pest of Regulatory Concern (Explain in REMARKS)

D. Stored Product Pest

E. Livestock, Domestic Animal Pest

F. Possible Immigrant (Explain in REMARKS)

G. Survey (Explain in REMARKS)

H. Other (Explain in REMARKS)

9. IF PROMPT OR URGENT IDENTIFICATION IS REQUESTED, PLEASE PROVIDE A BRIEF EXPLANATION UNDER "REMARKS".

10. HOST INFORMATION

NAME OF HOST (Scientific name when possible)

Malus domestica rootstock

11. QUANTITY OF HOST

NUMBER OF ACRES/PLANTS

28,000 stems

PLANTS AFFECTED (Insert figure and indicate Number Percent):

DATA

12. PLANT DISTRIBUTION

13. PLANT PARTS AFFECTED

Bulbs, Tubers, Corms Seeds

Buds

Flowers

Fruits or Nuts

NEMATODES

MOLLUSKS

CAST SKINS

EGGS

NYMPHS

JUVS.

CYSTS

18. TRAP NUMBER

ISOLATED GENERAL

20. WEED DENSITY

FEW SPOTTY GENERAL

21. WEED GROWTH STAGE

SEEDLING VEGETATIVE FLOWERING/FRUITING MATURE

22. REMARKS

Shipment of 28,000 stems of Malus domestica (from Belgium) for European Fruit Tree Certification Audit (Post-Entry) program. 5,020 Malus domestica rootstock M9 RN29, 18,580 Malus domestica rootstock M9RN29 7/10 and 4,400 Malus domestica rootstock M9 RN29 5/7.

23. TENTATIVE DETERMINATION

24. DETERMINATION AND NOTES (Not for Field Use)

FOR IIB/III USE

DATE RECEIVED

NO.

LABEL

SORTED

PREPARED

DATE ACCEPTED

SIGNATURE

DATE

RR

This is a 6-Part form. Copies must be disseminated as follows:

- PART 1 – PPQ PART 2 – RETURN TO SUBMITTER AFTER IDENTIFICATION PART 3 – IIBIII OR FINAL IDENTIFIER
 PART 4 – INTERMEDIATE IDENTIFIER PART 5 – INTERMEDIATE IDENTIFIER PART 6 – RETAINED BY SUBMITTER

OMB Information

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0010. The time required to complete this information collection is estimated to average .25 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.

Instructions

Use PPQ Form 391, Specimens for Determination, for domestic collections (warehouse inspections, local and individual collecting, special survey programs, export certification).

BLOCK	INSTRUCTIONS
1	<p>1. Assign a number for each collection beginning the year, followed by the collector's initials and collector's number</p> <p>EXAMPLE In 2001, Brian K. Long collected his first specimen for determination of the year. His first collection number is 01-BLK-001</p> <p>2. Enter the collection number</p>
2	Enter date
3	Check block to indicate Agency submitting specimens for identification
4	Enter name of sender
5	Enter type of property specimen obtained from (farm, nursery, feedmill, etc.)
6	Enter address
7	Enter name and address of property owner
8A-8L	Check all appropriate blocks
9	Leave Blank
10	Enter scientific name of host, if possible
11	Enter quantity of host and plants affected
12	Check block to indicate distribution of plant
13	Check appropriate blocks to indicate plant parts affected
14	Check block to indicate pest distribution
15	<ul style="list-style-type: none">• Check appropriate block to indicate type of specimen• Enter number specimens submitted under appropriate column
16	Enter sampling method
17	Enter type of trap and lure
18	Enter trap number
19	Enter X in block to indicate isolated or general plant symptoms
20	Enter X in appropriate block for weed density
21	Enter X in appropriate block for weed growth stage
22	Provide a brief explanation if Prompt or URGENT identification is requested
23	Enter a tentative determination if you made one
24	Leave blank

Distribution of PPQ Form 391

Distribute PPQ Form 391 as follows:

1. Send Original along with the sample to your Area Identifier.
2. Retain and file a copy for your records.