



Florida Department of Agriculture and Consumer Services  
Division of Plant Industry

ADAM H. PUTNAM  
COMMISSIONER

**APPLICATION AND PERMIT TO PLANT  
CITRUS PATHOGEN INFECTED STOCK**

Section 581.031(16)(26), F.S. / Incorporated In Rule 5B-62.005, F.A.C.  
Referenced in Rules 5B-62.026(5), F.A.C.

Bureau of Budwood Registration  
3027 Lake Alfred Rd. (Hwy 17), Winter Haven, FL 33881-1438 / PH: 863-298-3041 / FAX 863-298-3050

1. Name and Address	
2. Phone No.	3. FAX No.

4. State general purpose of request. (Answer may be provided on a separate sheet of paper)
5. What are the benefits of this planting? (Answer may be provided on a separate sheet of paper)
6. Pathogen(s) to be used. \_\_\_\_\_
7. Type of pathogen virus \_\_\_\_\_ viroid \_\_\_\_\_ other \_\_\_\_\_
8. Insect vectored? \_\_\_\_\_ If yes indicate \_\_\_\_\_  
Mechanically transmitted? \_\_\_\_\_
9. Sanitary procedures to be used in the planting and nursery \_\_\_\_\_
10. Conditions at the planting site (posted?, fenced?) \_\_\_\_\_

11. Isolate (if known)	12. Severity	13. Origin of Pathogen	14. Distribution in Florida

15. Host Plant (Orange, grapefruit, etc) \_\_\_\_\_
16. Location of planting \_\_\_\_\_
17. Similar pathogens in same area? \_\_\_\_\_
18. Distance to adjacent citrus \_\_\_\_\_
19. Distance to nearest citrus nurseries \_\_\_\_\_
20. Approximate date of planting \_\_\_\_\_ 21. Estimated duration of planting \_\_\_\_\_
22. Size of planting \_\_\_\_\_
23. Other conditions \_\_\_\_\_
24. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>Permit</b>
Recommendation of the Citrus Budwood Technical Advisory Committee _____
Status: Approve _____ Disapprove _____
Signature Division Director _____ Date _____
Conditions of Approval: