Florida Department of Agriculture and Consumer Services
Division of Plant Industry

COMPENSATION AGREEMENT

Section 586.14, F.S. / Rule 5B-54.018(1), F.A.C.

P. O. Box 147100, Gainesville, FL 32614-7100 / Phone: (352) 395-4700 / Fax: (352) 395-4624

WILTON SIMPSON
COMMISSIONER

Date: _____

_____   _____
Owner   Firm Number

_____ _____ _____
Address   City/State   Zip Code

This is an agreement to accept from the Florida Department of Agriculture and Consumer Services, Division of Plant Industry, payment for the sum of **$**_____, as authorized by Section 586.14, F. S.*, for_____ colonies of bees, hives, frames, and other equipment infected with *Paenibacillus larvae*, American Foulbrood disease destroyed at the following locations:

_____ on the_____day of _____
Name of Apiary

_____ on the_____day of _____ _____
Name of Apiary

_____ on the_____day of _____
Name of Apiary

In consideration of the payment in this agreement, the undersigned certifies ownership or authorization to represent the owner of the colonies of bees or other equipment listed below and, for himself or his principal, hereby releases the State of Florida and its agencies from any claim of liability for the destruction of said colonies or equipment.

_____
Owner or Authorized Agent of Owner (Strike Inappropriate one)

_____
Agriculture and Consumer Protection Specialist

Wilton Simpson, Commissioner of Agriculture

Approved: _____
          Assistant Chief of Apiary Inspection

Approved amount:_____   *The law provides a 50% payment of appraised value not to exceed $30.00.

SUMMARY OF EQUIPMENT DESTROYED

	TEN FRAME		EIGHT FRAME	
	NUMBER	**CONDITION**	**NUMBER**	**CONDITION**
Covers				
Inner Covers				
Bottom Boards				
Queen Excluders				
Deep Supers				
Medium Supers				
Shallow Supers				
Deep Frames				
Medium Frames				
Shallow Frames				
Misc. Feeders, etc.				

Distribution: Original - Apiary Office

FDACS-08062 Rev. 07/17

Important Note: In order to process your compensation and pay you under this agreement, the State of Florida, Department of Financial Services has advised us that a Taxpayer Identification Number is required. Therefore, please fill out the attached W-9, Request for Taxpayer Identification Number and Certification and return it with Your application to: **Division of Plant Industry, Fiscal Office, Post Office Box 147100, Gainesville, Florida 32614-7100**