



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

**APPLICATION AND PERMIT TO MOVE ORGANISMS
REGULATED BY THE STATE OF FLORIDA**

ADAM H. PUTNAM
COMMISSIONER

Section 581.083, 581.211, F.S./Incorporated in Rule 5B-57.004, F.A.C.
Referenced in Rule 5B-2.010, F.A.C.

1911 S.W. 34th Street/PO Box 147100, Gainesville, Florida 32614-7100
Phone: (352)395-4700 Fax: (352)395-4614

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P.O. Box 6720
Tallahassee, FL 32314-6720

Page ____ of ____ **THIS SECTION TO BE COMPLETED BY STATE OFFICIAL**

Permit Number	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <small>*If disapproved, see Notice of Administrative Hearing on Page 8.</small>	Conditions
	Signature _____	
Valid Until	Title _____ Date _____	

Sample

THIS SECTION TO BE COMPLETED BY APPLICANT

1. Renewal of Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate permit number	2. Name: _____ Business Name: _____ Physical Address: _____ City, State Zip Code: _____ 3. Mailing Address: _____ City, State Zip Code: _____	Title: _____
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4. Telephone No. _____	5. Fax No. _____	6. Email Address _____
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7. I/We agree to comply with the stipulations of this agreement, and understand that a permit may be subject to other conditions specified.

Signature of Applicant _____ Date _____

8. Type of Organisms to be Moved Arthropods Plant Pathogens Nematodes Noxious Weeds
 Genetically Altered Organisms Biological Control Agents Other (Specify): _____

Scientific Names of Organisms to be Moved	Classification (Order, Family, Other)	Life Stages	Number of Specimens	Shipped From	In U.S. Yes/No	Host Material Included	Approved (√)
9.					<input type="checkbox"/> <input type="checkbox"/>		
10.					<input type="checkbox"/> <input type="checkbox"/>		
11.					<input type="checkbox"/> <input type="checkbox"/>		

➤ In addition to the above listed organisms, additional organisms to be moved are listed starting at Line # 34

12. Number of Shipments _____	13. Port of Arrival _____	14. Approximate Date of Arrival or Interstate Movement _____
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15. Destination/Location of Movement _____	16. Method of Shipment <input type="checkbox"/> Air <input type="checkbox"/> Air Freight <input type="checkbox"/> Auto <input type="checkbox"/> Baggage 17. <input type="checkbox"/> Other (Specify) _____
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18. Supplier No. 01 - Name & Address _____	19. Supplier No. 02 - Name & Address _____	20. Supplier No. 03 - Name & Address _____
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21. General Purpose of Request (Be specific) _____

22. Intended Use (Be specific) _____

23. Methods to be Used to Prevent Organisms Escape (Be specific) _____

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24. Method of Final Disposition of Organisms and Host Material <i>(Accompanying materials and containers? (Be specific))</i>			
25. Plant Pathogens or Nematodes – Indicate Why <i>(Accompanying materials and containers? (Be specific))</i> Pathogens or Nematodes. If Present and/or Available. Would Not Serve the Purposes of the Investigation			
26. Plant Pathogens or Nematodes – What Are the Benefits of the Introduction?			
27. Plant Pathogens or Nematodes – What Are the Risks of the Introduction?			
28. Plant Pathogens or Nematodes – Please Provide Pertinent Literature References or Reprints			
29. List all personnel who will be involved with the project at this location. The individual listed on page 1, in item number 2 is responsible for the individual(s) listed below to be in compliance with this permit			
Project Assistant No. 01	Project Assistant No. 02	Project Assistant No. 03	Project Assistant No. 04
Project Assistant No. 05	Project Assistant No. 06	Project Assistant No. 07	Project Assistant No. 08
30. Indicate Location of Work, and Briefly Describe the Test Facility and Methodology to be Used			
31. Indicate Sanitation Procedures to be Used to Contain Pathogen in the Test Area, and Security Measures to Prohibit Unauthorized Access to Pathogen to Test Site			
32. Time Required for Completion of Project		33. Will the organism be retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where and Why?	

➤ **Additional Organisms To Be Moved Continued From Line # 11**

Scientific Names of Organisms to be Moved	Classification <i>(Order, Family, Other)</i>	Life Stages	Number of Specimens	Shipped From	In U.S. Yes / No	Host Material Included	Approved (√)
34.					<input type="checkbox"/> <input type="checkbox"/>		
35.					<input type="checkbox"/> <input type="checkbox"/>		
36.					<input type="checkbox"/> <input type="checkbox"/>		
37.					<input type="checkbox"/> <input type="checkbox"/>		
38.					<input type="checkbox"/> <input type="checkbox"/>		

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39.					<input type="checkbox"/> <input type="checkbox"/>		
40.					<input type="checkbox"/> <input type="checkbox"/>		
41.					<input type="checkbox"/> <input type="checkbox"/>		
42.					<input type="checkbox"/> <input type="checkbox"/>		
43.					<input type="checkbox"/> <input type="checkbox"/>		
44.					<input type="checkbox"/> <input type="checkbox"/>		
45.					<input type="checkbox"/> <input type="checkbox"/>		
46.					<input type="checkbox"/> <input type="checkbox"/>		
47.					<input type="checkbox"/> <input type="checkbox"/>		
48.					<input type="checkbox"/> <input type="checkbox"/>		
49.					<input type="checkbox"/> <input type="checkbox"/>		
50.					<input type="checkbox"/> <input type="checkbox"/>		
51.					<input type="checkbox"/> <input type="checkbox"/>		
52.					<input type="checkbox"/> <input type="checkbox"/>		
53.					<input type="checkbox"/> <input type="checkbox"/>		
54.					<input type="checkbox"/> <input type="checkbox"/>		
55.					<input type="checkbox"/> <input type="checkbox"/>		
56.					<input type="checkbox"/> <input type="checkbox"/>		
57.					<input type="checkbox"/> <input type="checkbox"/>		
58.					<input type="checkbox"/> <input type="checkbox"/>		
59.					<input type="checkbox"/> <input type="checkbox"/>		
60.					<input type="checkbox"/> <input type="checkbox"/>		
61.					<input type="checkbox"/> <input type="checkbox"/>		
62.					<input type="checkbox"/> <input type="checkbox"/>		
63.					<input type="checkbox"/> <input type="checkbox"/>		
64.					<input type="checkbox"/> <input type="checkbox"/>		
65.					<input type="checkbox"/> <input type="checkbox"/>		

Sample

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66.					<input type="checkbox"/> <input type="checkbox"/>		
67.					<input type="checkbox"/> <input type="checkbox"/>		
68.					<input type="checkbox"/> <input type="checkbox"/>		
69.					<input type="checkbox"/> <input type="checkbox"/>		
70.					<input type="checkbox"/> <input type="checkbox"/>		
71.					<input type="checkbox"/> <input type="checkbox"/>		
72.					<input type="checkbox"/> <input type="checkbox"/>		
73.					<input type="checkbox"/> <input type="checkbox"/>		
74.					<input type="checkbox"/> <input type="checkbox"/>		
75.					<input type="checkbox"/> <input type="checkbox"/>		
76.					<input type="checkbox"/> <input type="checkbox"/>		
77.					<input type="checkbox"/> <input type="checkbox"/>		
78.					<input type="checkbox"/> <input type="checkbox"/>		
79.					<input type="checkbox"/> <input type="checkbox"/>		
80.					<input type="checkbox"/> <input type="checkbox"/>		
81.					<input type="checkbox"/> <input type="checkbox"/>		
82.					<input type="checkbox"/> <input type="checkbox"/>		
83.					<input type="checkbox"/> <input type="checkbox"/>		
84.					<input type="checkbox"/> <input type="checkbox"/>		
85.					<input type="checkbox"/> <input type="checkbox"/>		
86.					<input type="checkbox"/> <input type="checkbox"/>		
87.					<input type="checkbox"/> <input type="checkbox"/>		
88.					<input type="checkbox"/> <input type="checkbox"/>		
89.					<input type="checkbox"/> <input type="checkbox"/>		
90.					<input type="checkbox"/> <input type="checkbox"/>		
91.					<input type="checkbox"/> <input type="checkbox"/>		
92.					<input type="checkbox"/> <input type="checkbox"/>		

Sample

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93.					<input type="checkbox"/> <input type="checkbox"/>		
94.					<input type="checkbox"/> <input type="checkbox"/>		
95.					<input type="checkbox"/> <input type="checkbox"/>		
96.					<input type="checkbox"/> <input type="checkbox"/>		
97.					<input type="checkbox"/> <input type="checkbox"/>		
98.					<input type="checkbox"/> <input type="checkbox"/>		
99.					<input type="checkbox"/> <input type="checkbox"/>		
100.					<input type="checkbox"/> <input type="checkbox"/>		
101.					<input type="checkbox"/> <input type="checkbox"/>		
102.					<input type="checkbox"/> <input type="checkbox"/>		
103.					<input type="checkbox"/> <input type="checkbox"/>		
104.					<input type="checkbox"/> <input type="checkbox"/>		
105.					<input type="checkbox"/> <input type="checkbox"/>		
106.					<input type="checkbox"/> <input type="checkbox"/>		
107.					<input type="checkbox"/> <input type="checkbox"/>		
108.					<input type="checkbox"/> <input type="checkbox"/>		
109.					<input type="checkbox"/> <input type="checkbox"/>		
110.					<input type="checkbox"/> <input type="checkbox"/>		
111.					<input type="checkbox"/> <input type="checkbox"/>		
112.					<input type="checkbox"/> <input type="checkbox"/>		
113.					<input type="checkbox"/> <input type="checkbox"/>		
114.					<input type="checkbox"/> <input type="checkbox"/>		
115.					<input type="checkbox"/> <input type="checkbox"/>		
116.					<input type="checkbox"/> <input type="checkbox"/>		
117.					<input type="checkbox"/> <input type="checkbox"/>		
118.					<input type="checkbox"/> <input type="checkbox"/>		
119.					<input type="checkbox"/> <input type="checkbox"/>		

Sample

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120.					<input type="checkbox"/> <input type="checkbox"/>		
121.					<input type="checkbox"/> <input type="checkbox"/>		
122.					<input type="checkbox"/> <input type="checkbox"/>		
123.					<input type="checkbox"/> <input type="checkbox"/>		
124.					<input type="checkbox"/> <input type="checkbox"/>		
125.					<input type="checkbox"/> <input type="checkbox"/>		
126.					<input type="checkbox"/> <input type="checkbox"/>		
127.					<input type="checkbox"/> <input type="checkbox"/>		
128.					<input type="checkbox"/> <input type="checkbox"/>		
129.					<input type="checkbox"/> <input type="checkbox"/>		
130.					<input type="checkbox"/> <input type="checkbox"/>		
131.					<input type="checkbox"/> <input type="checkbox"/>		
132.					<input type="checkbox"/> <input type="checkbox"/>		
133.					<input type="checkbox"/> <input type="checkbox"/>		
134.					<input type="checkbox"/> <input type="checkbox"/>		
135.					<input type="checkbox"/> <input type="checkbox"/>		
136.					<input type="checkbox"/> <input type="checkbox"/>		
137.					<input type="checkbox"/> <input type="checkbox"/>		
138.					<input type="checkbox"/> <input type="checkbox"/>		
139.					<input type="checkbox"/> <input type="checkbox"/>		
140.					<input type="checkbox"/> <input type="checkbox"/>		
141.					<input type="checkbox"/> <input type="checkbox"/>		
142.					<input type="checkbox"/> <input type="checkbox"/>		
143.					<input type="checkbox"/> <input type="checkbox"/>		
144.					<input type="checkbox"/> <input type="checkbox"/>		
155.					<input type="checkbox"/> <input type="checkbox"/>		
156.					<input type="checkbox"/> <input type="checkbox"/>		

Sample

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157.					<input type="checkbox"/> <input type="checkbox"/>		
158.					<input type="checkbox"/> <input type="checkbox"/>		
159.					<input type="checkbox"/> <input type="checkbox"/>		
160.					<input type="checkbox"/> <input type="checkbox"/>		
161.					<input type="checkbox"/> <input type="checkbox"/>		
162.					<input type="checkbox"/> <input type="checkbox"/>		
163.					<input type="checkbox"/> <input type="checkbox"/>		
164.					<input type="checkbox"/> <input type="checkbox"/>		
165.					<input type="checkbox"/> <input type="checkbox"/>		
166.					<input type="checkbox"/> <input type="checkbox"/>		
167.					<input type="checkbox"/> <input type="checkbox"/>		
168.					<input type="checkbox"/> <input type="checkbox"/>		
169.					<input type="checkbox"/> <input type="checkbox"/>		
170.					<input type="checkbox"/> <input type="checkbox"/>		
171.					<input type="checkbox"/> <input type="checkbox"/>		
172.					<input type="checkbox"/> <input type="checkbox"/>		
173.					<input type="checkbox"/> <input type="checkbox"/>		
174.					<input type="checkbox"/> <input type="checkbox"/>		
175.					<input type="checkbox"/> <input type="checkbox"/>		
176.					<input type="checkbox"/> <input type="checkbox"/>		
177.					<input type="checkbox"/> <input type="checkbox"/>		
178.					<input type="checkbox"/> <input type="checkbox"/>		
179.					<input type="checkbox"/> <input type="checkbox"/>		
180.					<input type="checkbox"/> <input type="checkbox"/>		
181.					<input type="checkbox"/> <input type="checkbox"/>		
182.					<input type="checkbox"/> <input type="checkbox"/>		
183.					<input type="checkbox"/> <input type="checkbox"/>		

Sample

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184.					<input type="checkbox"/> <input type="checkbox"/>		
185.					<input type="checkbox"/> <input type="checkbox"/>		
186.					<input type="checkbox"/> <input type="checkbox"/>		
187.					<input type="checkbox"/> <input type="checkbox"/>		
188.					<input type="checkbox"/> <input type="checkbox"/>		
189.					<input type="checkbox"/> <input type="checkbox"/>		
190.					<input type="checkbox"/> <input type="checkbox"/>		

ADMINISTRATIVE HEARING AVAILABLE

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain: 1. Your name, address, and telephone number, and facsimile number (if any). 2. The name, address, telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made. 3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing). 4. A statement of when (date) you received this Notice and the file number of this Notice. **Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice.** If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.

Org Code: 42080201000 EO: A8
 Object Code: 002153

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