

Florida Department of Agriculture and Consumer Services

Division of Plant Industry

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

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

Remit online payment at www.FreshFromFlorida.com

Or

Check or Money order payable

FDACS

P.O. Box 6720

Tallahassee, FL 32314-6720

Page of	_		THIS SE	CTIO	N TO BE	COMPL	ETED	BY S'	TATE	E OFFICIA	A L			
Permit Number	*If disa	Approved		Disapp ative Hea		Condition	ons							
	a.									-0014				
	Sigi	Signature			_			W	Mh	U				
Valid Until		Title				-			30	llliki				
		Date												
	I		THIS	SEC	TION TO	BE COM	PLET	ED B	Y AP	PLICANT				
1. Renewal of Per	mit?	nit? 2. Name:					T	itle:						
Yes N	o	Bus	siness Nar	ne:										
If yes, indicat permit numbe														
permit numbe	71	3. Mailii	•											
		City, State												
4. Telephone No.				5.	Fax No.				6. Ema	ail Addres	S			
7. I/We agree to comply with the stipulations of this agreement, and understand that a permit may be subject to other conditions specified						specified.								
Signature of	Appli	cant									Date	;		
8. Type of Organ	isms t	o be Moved	1 🗌	Arthr	opods	☐ Pla	nt Path	ogens		☐ Nema	todes	□ N	oxious W	eeds
		ly Altered (gical Cont			G1 :		(Specify)			1. 1
Scientific Name to be N		ganisms		assifica , <i>Famil</i>	ation ly, Other)	Life Stages		ber of imens	Shij	pped From	In U.S. Yes/No		Material luded	Approved $()$
9.														
10.]		
11.]		
➤ ☐ In ad	lditior	to the abo	ve listed	organ	isms, addi	tional org	anism	s to b	e mov	ed are list	ed startir	g at Line	# 34	1
12. Number of	Shipm	nents		13.	Port of A	rrival		14.	App	oroximate I	Date of A	rival or Ir	nterstate N	Iovement
15. Destination	/Locat	tion of Mov	ement	16.	Method o	f Shipmen	ıt [Air] Air Frei	ght [Auto	□ B	aggage
				17.	Oth	er (Specify)							
18. Supplier No. 01 - Name & Address 19. Supplier No. 02 - Name & Address 20. Supplier No. 03 - Name & Address						ress								
21. General Pu	rpose	of Request	(Be specific)						1				
22. Intended Us	se (Be	specific)												
23. Methods to	be Us	ed to Preve	nt Organi	sms E	scape (Be sp	pecific)								

Standards and Safe Guards of Permit: 1). All organisms must be shipped in sturdy, escape-proof containers. 2). Upon receipt, all packaging material and shipping containers shall be sterilized or destroyed immediately after removing organisms. 3). Organisms shall be kept only within the laboratory at the permittee's address. 4). No living organisms kept under this permit shall be removed from confined area except by prior approval from this office. 5). Without prior notice and during reasonable hours, authorized State Regulatory Officials shall be allowed to inspect the conditions under which the organisms are kept. 6). All organisms kept under this permit shall be destroyed at the completion of the intended use, and not later than the expiration date. 7). All necessary precautions must be taken to prevent escape. In the event of an escape, notify this office.

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Page	of					Perr	nit Nuı	nber		
24.	Method of Final Disposition	of Organisms a	and Host	Material (Ac	companying ma	terials and container	s? (Be sp	pecific))	
25.	the Purposes of the Investigation									
26.										
27.	Plant Pathogens	s – What Are	the Risks	of the Intro	duction?					
28.	8. 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 As	ssistant N	o. 02	Project	Assistant No. 03		Pro	oject Assistant No	o. 04
-	Project Assistant No. 05	Project As	ssistant N	o. 06	Project	Assistant No. 07		Pro	oject Assistant No	o. 08
30.	Indicate Location of Work, a	and Briefly Des	cribe the	Test Facility	y and Method	dology to be Used	d			
31.	Indicate Sanitation Procedur Access to Pathogen to		o Contain	Pathogen in	n the Test Ar	ea, and Security	Measu	res to	Prohibit Unautho	orized
32.	Time Required for Completi	on of Project	33. W	Vill the orga	nism be retai	ned? Yes	□ No	o I	f Yes, Where and	Why?
>	Additional Organisms To l	Be Moved Con	tinued F	rom Line#	11					
	Scientific Names of Organisms to be Moved	Classifica (Order, Family		Life Stages	Number of Specimens	Shipped From	In U Yes /		Host Material Included	Approved $()$
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36.										
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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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