



Florida Department of Agriculture and Consumer Services  
Division of Plant Industry

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

**WILTON SIMPSON  
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. 34<sup>th</sup> Street/PO Box 147100, Gainesville, Florida 32614-7100  
Phone: (352)395-4700 Fax: (352)395-4614

Remit online payment at  
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Tallahassee, FL 32314-6720

Page \_\_\_ of \_\_\_ **THIS SECTION TO BE COMPLETED BY STATE OFFICIAL**

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

**THIS SECTION TO BE COMPLETED BY APPLICANT**

|   |   |
|---|---|
| 1. Renewal of Permit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, indicate permit number | 2. Name: _____ Title: _____<br>Business Name: _____<br>Physical Address: _____<br>City, State Zip Code: _____<br>3. Mailing Address: _____<br>City, State Zip Code: _____ |
|---|---|

|                        |                  |                        |
|------------------------|------------------|------------------------|
| 4. Telephone No. _____ | 5. Fax No. _____ | 6. Email Address _____ |
|------------------------|------------------|------------------------|

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 _____ |
| 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) _____  |  |
| 18. Supplier No. 01 - Name & Address _____                             | 19. Supplier No. 02 - Name & Address _____  | 20. Supplier No. 03 - Name & Address _____                   |
| 21. General Purpose of Request (Be specific) _____                     |   |  |
| 22. Intended Use (Be specific) _____                                   |   |  |
| 23. Methods to be Used to Prevent Organisms Escape (Be specific) _____ |   |  |

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 ____ | Permit Number _____ |
|-------------------|---------------------|

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 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 Indigenous 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"/> |                        |              |
| 39.                                       |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |              |
| 40.                                       |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |              |
| 41.                                       |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |              |

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|---|---|-------------|---------------------|--------------|---|------------------------|-----------------|
| 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"/> |                        |                 |
| 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"/> |                        |                 |

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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|---|--|-------------|---------------------|--------------|---|------------------------|-----------------|
| 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"/> |                        |                 |
| 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"/> |                        |                 |

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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|---|--|-------------|---------------------|--------------|---|------------------------|-----------------|
| 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"/> |                        |                 |
| 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"/> |                        |                 |

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|---|--|-------------|---------------------|--------------|---|------------------------|-----------------|
| 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"/> |                        |                 |
| 145.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 146.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 147.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 148.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 149.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 150.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 151.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 152.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 153.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 154.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 155.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 156.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |
| 157.                                      |  |             |                     |              | <input type="checkbox"/> <input type="checkbox"/> |                        |                 |

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Under authority of Chapter 581.083, Florida Statutes (FS), and Rule Chapter 5B-57, Florida Administrative Code (FAC), permission is hereby granted to the applicant named above to move the organisms described, except as deleted, subject to the conditions stated on, or attached to, this application. This permit not valid unless signed by an official authorized representative of the department. Failure to comply with stipulations of this agreement may result in penalties as stipulated in Rule 5B-57.0010, FAC, and Section 581.211, FS. If disapproved, see Notice of Administrative Hearing on Page 8.

Florida Department of Agriculture and Consumer Services  
Division of Plant Industry

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

Page \_\_\_\_ of \_\_\_\_ Permit Number \_\_\_\_\_

| 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 (√) |
|---|---------------------------------------|-------------|---------------------|--------------|--------------------------|--------------------------|------------------------|--------------|
| 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"/> |                        |              |

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**APPLICATION AND PERMIT TO MOVE ORGANISMS  
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Page \_\_\_\_ of \_\_\_\_

Permit Number \_\_\_\_\_

**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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