



Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

AS EACH SECTION IS COMPLETED, MAIL COPY TO:

Bureau of Compliance Monitoring
3125 Conner Blvd., Bldg. 8
Tallahassee, FL 32399-1650

ADAM H. PUTNAM
COMMISSIONER

AUTHORIZATION FOR MOVEMENT OF GOODS
UNDER STOP SALE ORDER

Sections 487.101, 576.111, 578.11, 578.12 and 580.111, F.S. and 5E-4.0041, F.A.C.
Telephone Number (850) 617-7850

Date: _____

The following described goods presently held under stop sale order per authority of _____
may be moved to the destination indicated below under the following conditions:

- 1. The Department authorized representative completes Section 1,
2. Dealer/Distributor completes Section 2,
3. Person/Corporation completes Section 3.

A copy of this order shall accompany these goods at all times, and these goods shall remain under Stop Sale Order and
cannot be moved or disposed of except under the conditions specified below.

Feed _____ Fertilizer _____ Pesticide _____ Seed _____ Other _____

VIOLATION: Not Registered [] Short Weight [] Deficient Analysis [] Misbranded [] Adulterated [] Other []

1. THE DEPARTMENT'S AUTHORIZED REPRESENTATIVE completes this section. Forward original to Department of
Agriculture and Consumer Services, Division of Agricultural Environmental Services; leave four copies with person in
possession of stop-sale goods, with copy of stop-sale order.

Brand Name: _____
Manufacturer or Guarantor's Name: _____
Stop Sale Order Issued: (date) _____ at _____
Address: _____
Official Sample No.: _____ Lot or Batch No.: _____
Remarks: _____
Signature of Person in Possession of Goods: _____

2. DEALER/DISTRIBUTOR COMPLETES THIS SECTION. Forward top copy to Department of Agriculture and
Consumer Services; retain one copy; two copies to accompany goods in transit along with copy of stop sale order.
The goods identified above and on the attached stop sale order were transferred on (date) _____ to
the possession of _____ for return to: _____

Name: _____
Address: _____
for the purpose and under the conditions specified on stop sale order.
Signature of person receiving goods _____ Signature of person transferring goods _____

3. MANUFACTURER/PROCESSOR (or other person having possession of goods) completes this section. Forward
top copy to Department of Agriculture and Consumer Services; retain one copy.
The goods identified above and on stop sale order were received (date) _____

Anticipated disposition is as follows and will be on or about (date) _____
[] Reweighed [] Reformulated [] Relabeled [] Destroyed
Other, (explain) _____

Specialist Signature _____ Signature of Person Taking Possession of Goods _____

No disposition is to be made of these goods until officially released by this Department.