

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE	COMPLIANCE AGREEMENT
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1. NAME AND MAILING ADDRESS OF PERSON OR FIRM	2. LOCATION
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3. REGULATED ARTICLE(S)

4. APPLICABLE FEDERAL QUARANTINE(S) OR REGULATIONS

5. I/We agree to the following:

6. SIGNATURE	7. TITLE	8. DATE SIGNED
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<p>The affixing of the signatures below will validate this agreement which shall remain in effect until canceled, but may be revised as necessary or revoked for noncompliance.</p>	9. AGREEMENT NO.	
		10. DATE OF AGREEMENT

11. PPQ OFFICIAL (Name and Title)	12. ADDRESS
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13. SIGNATURE	
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14. STATE AGENCY OFFICIAL (Name and Title)	15. ADDRESS
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16. SIGNATURE	
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