

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 (<i>Name and Title</i>)	12. ADDRESS
13. SIGNATURE	
14. STATE AGENCY OFFICIAL (<i>Name and Title</i>)	15. ADDRESS
16. SIGNATURE	