According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0159. The time required to complete this information collection is estimated to average .16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE

APPLICATION FOR PLUM POX COMPENSATION

1. NAME OF APPLICANT	2. ADDRESS OF APPL	ICANT (Include Zip Code)	3. TAX ID NO.
4. LOCATION OF THE AFFECTED ORCHARD BL	OCK(S) OR NURSERY		
		T	
5. DATE DESTRUCTION ORDER OR EMERGENCY ACTION NOTIFICATION (EAN) ISSUED.		6. DATE(S) ACTUAL DESTRUCTION OF ORCHARD OR NURSERY STOCK OCCURRED.	
NOTE: When submitting this or	unlication was much nec	l	otrustian ander ar EAN and its
NOTE: When submitting this ap accompanying inventory describing			
7. FOR ORCHARDS: AGE OF ORCHARD AND EXACT ACREAGE DESTROYED (to 1/10th of an acre). IF THE ORCHARD CONTAINED TREES OF DIFFERENT AGES, LIST THE EXACT ACREAGE OF EACH AGE POPULATION IN THE ORCHARD.			
8. FOR NURSERIES: NUMBER (by age and spec	cias) OF TREES IN THE NURSERY	THAT WERE SUR IECT TO THE E	MEDGENCY ACTION NOTIFICATION
6. FOR NORSENIES. NUMBER (by age and spec	ties) OF TREES IN THE NORSERT	THAT WERE SUBJECT TO THE E	MERGENCI ACTION NOTIFICATION
I certify that all statements and e knowledge and belief. I underst document is a violation of law an than 5 years, or both (18 U.S.C. 10	tand that any intentiona d punishable by a fine o	I false statement or m	isrepresentation made on this
APPLICANT'S SIGNATURE			DATE