

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE	COMPLIANCE AGREEMENT
---	-----------------------------

1. NAME AND MAILING ADDRESS OF PERSON OR FIRM	2. LOCATION
---	-------------

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
--------------	----------	----------------

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.

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	