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 0579-0518. The time required to complete this information collection is estimated to average .170 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.

The information requested is voluntary, and is needed to record your knowledge of possible irregularities under the USDA Plant Protection and Quarantine Program.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE		SERIAL NO.		
		1. DATE VIOLA	TION DISCOVERED	2. VIOLATED - REG/COMPL. AGREEMENT
REPORT OF VIOLATION				
 WHERE INTERCEPTED (City or Port, and State; also county if domestic) 		4. ORIGIN OF A	ARTICLE (Include county if o	fomestic)
5. ARTICLE MOVED IN VIOLATION OF REGULATIONS		6. IDENTITY OF ARTICLE (Serial No., Waybill No., description, etc.)		
 NAME AND BUSINESS ADDRESS OF VIOLATOR (Shipper, caterer, cleaner, garbage handler, servicing agent, broker, ship's agent, etc. Identify which) 		8. VIOLATOR HAD Compliance agreement? Yes No Permit? Yes No		
		9. IF NO, VIOLATOR WAS AWARE OF REGULATION?		
		Yes No Unknown H"Yes," how informed and when?		
		ii res, now init	ormed and when?	
10. NAME AND BUSINESS ADDRESS OF CARRIER		11. CARRIER WAS AWARE OF REGULATION?		
		Yes No Unknown		
		If "Yes," how info	ormed and when?	
12. IDENTITY OF CARRIER		13. NAME AND	BUSINESS ADDRESS OF	CONSIGNEE
PLANE Acft. No. Flight No.				
SHIP Flag Name				
ROAD VEHICLE License No.				
14. DISPOSITION OF PEST RISK (i.e., articles named in Item 5 were furnigated, destroyed, etc.)				
				ř.,
15. REMARKS (Attach additional sheet, if needed)				
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16. VIOLATOR OR CARRIER'S STATEMENT OF VIOLATION (Attach additional sheet, if needed. Identify who gave statement.)				
OFFICER'S STATEMENT: Must attach a detailed, signed, a ltem 2. Describe fully the facts of the violation from discount from the control of the violation from the violation from the control of the violation from the vio	and dated statement. S very through disposition	state how the a	ction violated the regu including when, who, v	slations or compliance agreement cited in what, and where.
18. SIGNATURE OF INITIATING OFFICER 1	9. PRINTED NAME OF OFF	FICER AND WORK	K UNIT	20. DATE REPORT COMPLETED
21. OFFICER IN CHARGE COMMENTS (Attach additional sheet, if needed)				
List Previous Violations				
Recommendations				
22. SIGNATURE OF OFFICER IN CHARGE	3. PRINTED NAME OF OF	FICER IN CHARG	E AND WORK UNIT	24. DATE SIGNED