FORM APPROVED OMB NOS. 0579-0088 AND 0579-0248	permit can be FORM APPR 0579-0123 See reverse s U.S. DEPAR ANIMAL AND PLAN	equested is needed to determine if a issued (7 CFR 301). OVED: OMB NOS. 0579-0088 & side for additional information. TMENT OF AGRICULTURE IT HEALTH INSPECTION SERVICE ECTION AND QUARANTINE
o		
a specified destination for limited	handling, utilization, or	IFIED articles described below to processing, or for treatment. The State cooperative domestic plant
1. DATE ISSUED	2.	VOID AFTER
3. NAME OF CONSIGNOR		
4. SHIPPING POINT		
5. NAME AND ADDRESS OF CC	DNSIGNEE	
6. VEHICLE LICENSE NO. & ST.	ATE 7.	R.R. CAR INITIALS
	8. DESCRIPTION	N
A. Quantity	B. Article	C. Remarks
9. SIGNATURE OF ISSUING OF	FICER	
consignee, and was	s handled in the mar applicable Federal	NI ceived by the designated nner approved under the I or State cooperative
10. DATE RECEIVED		
11. SIGNATURE OF DESTINATI	ON OFFICER	
PENALTY FOR M	ISUSE OR ALTE	RATION (7 USC 163)

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 numbers for this information collection are 0579-0088 and 0579-0248. The time required to complete this information collection is estimated to average .20 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.

PPQ FORM 540 (REVERSE)

COPY DESIGNATIONS

PART 1 - CONSIGNEE'S COPY

PART 2 - DESTINATION OFFICER'S COPY

PART 3 - ISSUING OFFICER'S COPY

CERTIFICATE OF

FEDERAL/STATE DOMESTIC

PLANT QUARANTINES

From:

To:

PPQ FORM 540 (APR 89)

Previous edition obsolete.