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UNITED STATES DEPARTMENT OF AGRICULTURE

FORM APPROVED OMB NUMBER 0579-0054/0088/0129/0198/ 0238/0257/0306/0310

ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE		COMPLIANCE AGREEMENT		
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			emain in	9. AGREEMENT NO.
effect until cancelled, but may be revised	as necessary or re	voked for noncon		10. DATE OF AGREEMENT
11. PPQ/CBP OFFICIAL (NAME AND TITLE)			12. ADDRESS	
13. SIGNATURE				
14. U.S. GOVERNMENT/STATE AGENCY OFFICIAL (NAME AND TITLE)			15. ADDRESS	
16. SIGNATURE				