

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE
**APPLICATION FOR GENERAL PERMIT TO ENGAGE IN THE BUSINESS OF IMPORTING,
EXPORTING, OR REEXPORTING TERRESTRIAL PLANTS**

MAIL COMPLETED APPLICATION WITH CHECK TO:
USDA-APHIS-PPQ-Permit Unit
4700 River Road, Unit 136
Riverdale, Maryland 20737-1236
(301) 734-8645

INSTRUCTIONS: One copy of this application must be accompanied by a check or money order for \$70.00 made payable to Plant Protection and Quarantine. This fee shall not be refunded if the application is denied or abandoned. If a General Permit is issued based on this application, it shall be valid for two years from date of issue.

1. NAME AND ADDRESS OF APPLICANT (Include ZIP Code)

2. APPLICATION IS IN THE NAME OF ("X" one)

AN INDIVIDUAL

A BUSINESS

TELEPHONE NUMBER: AC ()

3. DESCRIBE THE NATURE OF YOUR ACTIVITIES RELATING TO IMPORTING, EXPORTING, OR REEXPORTING PLANTS REGULATED BY 50 CFR 17.12 AND 23.23 (If more space is needed, continue on reverse side).

4A. NAME OF BUSINESS AFFILIATION (if any) HAVING TO DO WITH IMPORTING, EXPORTING, OR REEXPORTING PLANTS REGULATED BY 50 CFR 17.12 AND 23.23.

B. FORM OF BUSINESS ("X" one if applying as a business)

CORPORATION

FIRM

PARTNERSHIP

OTHER (specify)

C. LIST THE NAME AND ADDRESS OF EACH PARTNER, OFFICER, DIRECTOR, HOLDER, AND OWNER OF 10% OR MORE OF VOTING STOCK, AND EMPLOYEE IN A MANAGERIAL OR EXECUTIVE CAPACITY (if more space is needed continue on reverse side)

5. ADDRESS(ES) WHERE PLANTS REGULATED BY 50 CFR 17.12 AND 23.23 WOULD BE GROWN OR STORED AND ANY OTHER LOCATION WHERE ACTIVITIES RELATED TO SUCH PLANTS WOULD BE CONDUCTED.

6. STREET ADDRESS WHERE BOOKS OR RECORDS CONCERNING THE IMPORTING, EXPORTING, OR REEXPORTING PLANTS REGULATED BY 50 CFR 17.12 AND 23.23 WILL BE KEPT.

7. NAME AND ADDRESS OF THE PERSON AUTHORIZED TO MAKE RECORDS OR PLANT INVENTORIES AVAILABLE FOR EXAMINATION BY INSPECTORS.

TELEPHONE NUMBER: AC ()

I hereby certify that the information in this application is complete and accurate to the best of my knowledge and belief. False Statement: Falsification of any item on this application may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 1001)

8. SIGNATURE (partner or officer if a business)

9. DATE

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 0579-0076. The time required to complete this information collection is estimated to average 1 hour 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.