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

**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/CBP OFFICIAL (NAME AND TITLE)

12. ADDRESS

13. SIGNATURE

14. U.S. GOVERNMENT/STATE AGENCY OFFICIAL (NAME AND TITLE)

15. ADDRESS

16. SIGNATURE