According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0088. The time required to complete this information collection is estimated to average 1.00 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.

OMB Approved 0579-0088 EXP XX/XXXX

| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE | SERIAL NO. | | |
|--|---|-------------------------------------|-------------------|
| EMERGENCY ACTION NOTIFICATION | 1. PPQ LOCATION | | 2. DATE ISSUED |
| 3. NAME AND QUANTITY OF ARTICLE(S) | 4. LOCATION OF ARTICLES | | |
| | 5. DESTINATION OF ARTICLES | | |
| 6. SHIPPER | 7. NAME OF CARRIER | | |
| | 8. SHIPMENT ID NUMBER(S) | | |
| 9. OWNER/CONSIGNEE OF ARTICLES | 10. PORT OF LADING 11. DATE OF ARRIVAL | | ARRIVAL |
| NAME | 12. ID OF PEST(S), NOXIOUS WEEDS, OR ARTICLE(S) | | |
| ADDRESS | | | |
| | 12a. PEST ID NO. | 12b. DATE IN | FERCEPTED |
| | 13. COUNTRY OF ORIGIN | 14. GROWER | NUMBER |
| PHONE NUMBER FAX NUMBER | 15. FOREIGN CERTIFICATE NUMBER | | |
| SS NUMBER TAX ID NUMBER | 15a. PLACE ISSUED | 15b. DATE | |
| Act (7 U.S.C. 8303 through 8306), you are hereby notified, as owner or agent of the pest(s), noxious weeds, and or article(s) specified in Item 12, in a manner measures shall be in accordance with the action specified in Item 16 and shall be AFTER RECEIPT OF THIS NOTIFICATION, ARTICLES AND/OR CARRIERS HE AGRICULTURE OFFICER. THE LOCAL OFFICER MAY BE CONTACTED AT: 16. ACTION REQUIRED TREATMENT RE-EXPORTATION OTHER Should the owner or owner's agent fail to comply with this order within the tagent cost of any care, handling, application of remedial measures, disposate destruction, or removal. 17. AFTER RECEIPT OF THIS NOTIFICATION, COMPLETE SPECIFIED ACTION WITHIN (Specify No. Hours or No. Days): | satisfactory to and under the supervision of completed within the time specified in Iter REIN DESIGNATED MUST NOT BE MO | of an Agriculture m 17. VED EXCEPT | AS DIRECTED BY AN |
| WITHIN (Specify No. Hours or No. Days): | | | |
| ACKNOWLEDGMENT OF RECEIPT OF EMERGENCY ACTION NOTIFICATION | | | |
| I hereby acknowledge receipt of the foregoing notification. | | | |
| SIGNATURE AND TITLE | | DATE AND TIME | :: |
| 19. REVOCATION OF NOTIFICATION | | | |
| ACTION TAKEN | | | |
| SIGNATURE OF OFFICER | | DATE: | |