| 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 valid OMB control numbers. The valid OMB control numbers for this information collection are 0579-0049, 0129, 0172, 0173, 0242, 0261, 0285, 0293, and 0319. The time required to complete this information collection is estimated to average. 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 0173, 0242, 0261, 0285, 0293, and 0319. The time required to complete this of the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 0285, 0293, and 0319. Complexity of the time for the time | | | | | |
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| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE APPLICATION FOR PERMIT TO IMPORT PLANTS OR PLANT PRODUCTS | | INSTRUCTIONS: PLEASE TYPE OR PRINT CLEARLY. PERMITS ARE NOT ISSUED TO P.O. BOXES. READ THE ENTIRE APPLICATION BEFORE COMPLETING. ATTACH ADDITIONAL SHEETS OF PAPER IF MORE SPACE IS NEEDED. | | FORWARD COMPLETED APPLICATION TO USDA-APHIS-PPQ Permit Unit 4700 River Road, Unit 133 Riverdale, MD 20737-1236 1-877-770-5990; FAX: (301) 734-5786 | |
| 1. NAME AND UNITED STATES ADDRESS OF U.S. RESIDENT/LEGAL ALIEN: | | | MAILING ADDRESS (If different than physical address): | | |
| APPLICANT'S NAME: | | | | | |
| ORGANIZATION NAME: | | | | | |
| U.S. ADDRESS (Include City, | | | | | |
| PHONE: () | FAX: () | E-MAIL: | | | |
| Country of Origin (Province or Territory, if applicable) | Scientific Names of Plants or Plant Products | | Plant Parts (seeds, cuttings, rhizomes, plants, bulbs, fruits, etc.) | | U.S. Port or Ports of Arrival |
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| 3. Intended use: Plants for planting (Nursery stock) Small lots of seed Fruit and vegetables Other | | | | | |
| 4. Means of importation: Mail or Express carrier Cargo shipment Personal baggage or car | | | | | |
| 5. SIGNATURE OF APPLICANT: | | 6. PRINTED NAME OF APPLICANT: | | 7. DATE: | |
| PPQ FORM 587 (MD) (JAN 2009) | | | | | |

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