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| 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  **EMERGENCY ACTION NOTIFICATION** | | | | | | | | | **SERIAL NO.** | | | | | |
| 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 | | | |
|  | NAME | | | | | |  | | 12. ID OF PEST(S), NOXIOUS WEEDS, OR ARTICLE(S) | | | | | |
| ADDRESS | | | | | |
|  | | | | | | 12a. PEST ID NO. | | 12b. DATE INTERCEPTED | | | |
|  | | | | | |
| 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 | | | |
|  | | | | | |
| Under Sections 411, 412, and 414 of the Plant Protection Act (7 U.S.C. 7711, 7712, and 7714) and Sections 10404 through 10407 of the Animal Health Protection Act (7 U.S.C. 8303 through 8306), you are hereby notified, as owner or agent of the owner of said carrier, premises, and/or articles, to apply remedial measures for the pest(s), noxious weeds, and or article(s) specified in Item 12, in a manner satisfactory to and under the supervision of an Agriculture Officer. Remedial measures shall be in accordance with the action specified in Item 16 and shall be completed within the time specified in Item 17.  AFTER RECEIPT OF THIS NOTIFICATION, ARTICLES AND/OR CARRIERS HEREIN DESIGNATED MUST NOT BE MOVED EXCEPT AS DIRECTED BY AN AGRICULTURE OFFICER. THE LOCAL OFFICER MAY BE CONTACTED AT: | | | | | | | | | | | | | | |
| 16. ACTION REQUIRED | | | | | | | | | | | | | | |
|  | | TREATMENT |  |  | | | | | | | | | | |
|  | | RE-EXPORTATION |  |  | | | | | | | | | | |
|  | | DESTRUCTION |  |  | | | | | | | | | | |
|  | | OTHER |  |  | | | | | | | | | | |
| **Should the owner or owner's agent fail to comply with this order within the time specified below, USDA is authorized to recover from the owner or agent cost of any care, handling, application of remedial measures, disposal, or other action incurred in connection with the remedial action, destruction, or removal.** | | | | | | | | | | | | | | |
| 17. AFTER RECEIPT OF THIS NOTIFICATION, COMPLETE SPECIFIED ACTION  WITHIN (Specify No. Hours or No. Days): | | | | | | | | 18. SIGNATURE OF OFFICER: | | | | | | |
| 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: | | |

PPQ FORM 523 Previous editions are obsolete

SEP 2011