| 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 numbers for this information collection are 0579-0054, 0088, 0129, 0155, 0198, 0257, 0308, 0310, 0312, 0317, 0322, 0337, 0346, 0363, 0369, and 0383. The time required to complete this information collection is estimated to average 1.25 hours 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. | | | |
|---|----------------------|--|--|
| 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:

The United States Department of Agriculture, Animal and Plant Health Inspection Service, Plant Protection and Quarantine will permit your Establishment to execute the regulatory requirements outlined in 7 Code of Federal Regulations (CFR) Part 301.40-6.

This agreement becomes effective upon signing and shall remain in effect until canceled by either party after 30 days notice to the other at the address of either appearing above. However, the Department may accelerate the notice to 'immediate for cause' including but not limited to the Establishment's abandonment of the prescribed procedures.

The Establishment assumes liability, if any, arising from the manner in which the Establishment sells, handles, or distributes any regulated host material.

NOTICE: Any signatory, or employee of any signatory, who violates the terms of this compliance agreement may be subject to civil penalties pursuant to 7 CFR Part 301.46, and the Plant Protection Act of 2000.

| 6. SIGNATURE | 7. TITLE | | 8. DATE SIGNED |
|--|----------|-------------|-----------------------|
| | - | | 9. AGREEMENT NUMBER |
| 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. | | | 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 | | | |
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