of information unless it displays a valid 0271. The time required to complete the	Act of 1995, an agency may not conduct or sp OMB control number. The valid OMB control is information collection is estimated to average urces, gathering and maintaining the data nee	numbers for this information collection are 0 ge .033 hours per response, including the tir	0579-0088, 0159, and me for reviewing 0	MB Approved 0579-0088, 1159, and 0271	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE		SERIAL NUMBER			
EMERGENCY ACTION NOTIFICATION		1. PPQ LOCATION	2. DATE ISSUED		
3. NAME AND QUANTITY OF ARTICLE(S)		4. LOCATION OF ARTICLES	CATION 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		
9a. NAME					
9b. ADDRESS		12. ID OF PEST(S), NOXIOUS WEEDS, OR ARTICLE(S)			
		12a. PEST ID NUMBER	12b. DATE INTERCEPTED		
		13. COUNTRY OF ORIGIN	14. GROWER NUMBER		
9c. PHONE NUMBER	9d. FAX NUMBER	15. FOREIGN CERTIFICATE NUMBER			
9e. SOCIAL SECURITY NUMBER	9f. TAX IDENTIFICATION NUMBER (TIN)	15a. PLACE ISSUED	15b. DATE		
Protection Act (7 U.S.C. 8303 throug remedial measures for the pest(s), r Officer. Remedial measures shall be AFTER RECEIPT OF THIS NOTIFIC	f the Plant Protection Act (7 U.S.C. 7711, 7 gh 8306), you are hereby notified, as owner loxious weeds, and/or article(s) specified in a in accordance with the action specified in CATION, ARTICLES AND/OR CARRIERS	or agent of the owner of said carrier, pro- Item 12, in a manner satisfactory to and Item 16 and shall be completed within th HEREIN DESIGNATED MUST NOT BE	emises, and/or articles, to under the supervision of e time specified in Item 1	apply an Agriculture 7.	
AN AGRICULTURE OFFICER. THE LOCAL OFFICER MAY BE CONTACTED AT: 16. ACTION REQUIRED					
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 NOTIF WITHIN (Specify Number of Hours	ICATION, COMPLETE SPECIFIED ACTION or Number of Days):	18. SIGNATURE OF OFFICER:			
19. ACKNOWLEDGMENT OF RECEIPT OF EMERGENCY ACTION NOTIFICATION					
I hereby acknowledge receipt of the foregoing notification.					
SIGNATURE AND TITLE			DATE AND TIME:		
20. REVOCATION OF NOTIFICATION					
ACTION TAKEN					
SIGNATURE OF OFFICER			DATE:		