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 these information collections are 0579-0088, 0131, 0142, 0159, 0203, 0264, 0310, 0319, 0351, 0387, 0391, 0421, 0423, 0274, 0282, 0040, 0144, 0109, and 0207. The time required to complete these information collections are estimated to average .between .033 and 1 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, 0131, 0142, 0159, 0203, 0264, 0310, 0319, 0351, 0387, 0391, 0421, 0423, 0274, 0282, 0040, 0109, and 0207

| 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           |                     |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        | 5. DESTINATION OF ARTICLES        |                     |                      |  |
| 6. SHIPPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | 7. NAME OF CARRIER                |                     |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        | 8. SHIPMENT ID NUMBER(S)          |                     |                      |  |
| 9. OWNER/CONSIGNEE OF ARTICLES 9a. NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                        | 10. PORT OF LADING                | 11. DATE OF ARRIVAL |                      |  |
| 9b. ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        | 12. ID OF PEST(S), NOXIOUS WEEDS, | OR ARTICLE(S)       |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |                                   |                     |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        | 12a. PEST ID NUMBER               | 12b. DATE IN        | 2b. 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           |                      |  |
| 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 NOTIFIC WITHIN (Specify Number of Hours o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ATION, COMPLETE SPECIFIED ACTION<br>r 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:               |                      |  |

## PRIVACY ACT STATEMENT

Principal Purposes for Which the Information is Solicited - The principal purpose for which the information is solicited is for use in delinquent debt collection. The routine uses which may be made of the information are: (1) Referral to other Federal, State, local or foreign investigative, prosecuting, or enforcement agencies; (2) Disclosure to the U.S. Department of Justice for use in litigation; (3) Disclosure to a court or adjudicative body in a proceeding when the use of such records is therefore deemed by the Agency to be for a purpose that is compatible with the purpose for which the Agency collected the records; (4) Disclosure may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that Individual; (5) Information contained in this system of records may be disclosed to a debt collection agency when the U.S. Department of Agriculture (USDA) determines such referral is appropriate for collecting the debtor's account as provided for in U.S. Government contracts with the collection agencies executed pursuant to 31 U.S.C. 3718; (6) Where prior collection efforts have failed, the USDA will refer to the U.S. Department of the Treasury information from this system of records concerning past due legally enforceable debts for offset against tax refunds that may become due the debtors for the tax year in which referral is made in accordance with Internal Revenue Service regulations at 26 CFR 301.6402-6T, offset of past-due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A; (7) Information contained in this system of records may be disclosed to a consumer reporting agency in accordance with 31 U.S.C. 3711 (f); (8) Information contained in this system of records, related to non-tax debts or claims that are delinquent for 180 days, will be sent to the Department of the Treasury or to other Federal agencies designated by the Secretary of the Treasury for the purpose of offsetting Federal payments to collect delinquent debts, owed to the Federal Government. Records will be matched by Taxpayer Identification Number (TIN) and name. For an Individual, the TIN is the social security number. For a business, the TIN is the Employee Identification Number. The release of this information is in accordance with 31 U.S.C. 3716 and 4 CFR part 102. Failure to provide the solicited information will not subject you to penalties or adverse consequences.