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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 0579-0311.  The time required to complete this information collection is estimated to average .083 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. | | | | | **OMB APPROVED**  0579–0311  **EXP. DATE XX/XXXX** |
| **U.S. DEPARTMENT OF AGRICULTURE**  **ANIMAL AND PLANT HEALTH**  **INSPECTION SERVICE (APHIS)** | | **Plant Protection and Quarantine**  **Pest Reporting Form** | | | |
|
| **Contact Information** | | | | | |
| 1. First Name | | 2. last name | | | |
| 3. Phone number | | 4**.** Email | | | |
| 5. City | | 6**.** County | | | |
| 7. State | | 8**.** Zip Code | | | |
| **Location and Date of Sighting** | | | | | |
| 9. Street address | | | | | |
| 10. City | | 11. County | | | |
| 12. State | 13. Zip Code | | | 14. Date of Sighting | |
| 15. Description of sighting location *(i.e., nearby cross streets, physical landmarks, other features to help pinpoint the location of the suspected pest or disease),* AND GPS COORDINATES OF SIGHTING (*optional)* | | | | | |
| **Location and Date of Search** | | | | | |
| 16. Street address | | | | | |
| 17. City | | 18. County | | | |
| 19. State | 20. Zip Code | | | 21. Date of Search | |
| 22. Description of search location *(i.e., homeowner’s property, public park, trees along street, etc.)* | | | | | |
| 23. Types of plant(s) or tree(s) inspected, if known | | | | | |
| 24. Number of plant(s) or tree(s) inspected | | | | | |
| **Signs or Symptoms of Pest or Disease Damage Observed** | | | | | |
| 25. Did you observe any signs or symptoms of pest or disease damage? | | | Yes  No | | |
| 26. Description of damage observed | | | | | |
| 27. Upload photo *(submit a photo of what you observed)* | | | | | |
| 28. Did you collect a specimen? | | | Yes  No | | |

If you would like to report a possible sighting of a plant pest or disease, please complete this form and send it to the USDA APHIS State Plant Health Director in your State. For a complete contact list, please visit: <http://www.aphis.usda.gov/services/report_pest_disease/report_pest_disease.shtml>.

PPQ Form 10

MAR 2013