

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 is 0579-0088. The time required to complete these information collections 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

**REPORT OF VIOLATION**

**SERIAL NO.**

1. DATE VIOLATION DISCOVERED | 2. VIOLATED - REG/COMPL. AGREEMENT

3. WHERE INTERCEPTED (City or Port, and State; also county if domestic)

4. ORIGIN OF ARTICLE (Include county, if domestic)

5. ARTICLE MOVED IN VIOLATION OF REGULATIONS

6. IDENTITY OF ARTICLE (Serial No., Waybill No., Description, etc.)

7. NAME AND BUSINESS ADDRESS OF VIOLATOR (Shipper, caterer, cleaner, garbage handler, servicing agent, broker, ship's agent, etc. Identify which)

8. VIOLATOR HAD  
COMPLIANCE AGREEMENT?  YES  NO | Permit?  YES  NO

9. IF NO, WAS VIOLATOR AWARE OF REGULATION?  
 YES  NO  UNKNOWN

IF "YES," HOW INFORMED AND WHEN?

10. NAME AND BUSINESS ADDRESS OF CARRIER

11. WAS CARRIER AWARE OF REGULATION?  
 YES  NO  UNKNOWN

IF "YES," HOW INFORMED AND WHEN?

12. IDENTITY OF CARRIER

PLANE AIRCRAFT NUMBER | FLIGHT NUMBER

SHIP FLAG | NAME

ROAD VEHICLE License No.

13. NAME AND BUSINESS ADDRESS OF CONSIGNEE

14. DISPOSITION OF PEST RISK (i.e., articles named in Item 5 were fumigated, destroyed, etc.)

15. REMARKS (Attach additional sheet, if needed)

16. VIOLATOR OR CARRIER'S STATEMENT OF VIOLATION (Attach additional sheet, if needed. Identify who gave statement.)

**17. OFFICER'S STATEMENT: Must attach a detailed, signed, and dated statement. State how the action violated the regulations or compliance agreement cited in Item 2. Describe fully the facts of the violation from discovery through disposition of pest risk including when, who, what, and where.**

18. SIGNATURE OF INITIATING OFFICER | 19. PRINTED NAME OF OFFICER AND WORK UNIT | 20. DATE REPORT COMPLETED

21. OFFICER IN CHARGE COMMENTS (Attach additional sheet, if needed)

LIST PREVIOUS VIOLATIONS

RECOMMENDATIONS

22. SIGNATURE OF OFFICER IN CHARGE | 23. PRINTED NAME OF OFFICER IN CHARGE AND WORK UNIT | 24. DATE SIGNED