NO PERMIT WILL BE ISSUED TO MOVE AND USE LIVE INSECTS OR PLANT
PESTS OR NOXIOUS WEEDS UNTIL A COMPLETED APPLICATION IS RECEIVED.

APPLICATION AND PERMIT TO MOVE AND USE LIVE PLANT PESTS
OR INSECTS OR NOXIOUS WEEDS

3. TYPE OF ORGANISM
- Arthropod
- Pathogen
- Noxious Weed

4. SCIENTIFIC AND COMMON NAMES OF ORGANISMS

<table>
<thead>
<tr>
<th>Classification</th>
<th>Life Stages</th>
<th>Number of Specimens</th>
<th>Moved or Shipped From</th>
<th>What Host Material Will Accompany Pest?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Order, Family, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. ADDRESS OF USE LOCATION IF DIFFERENT THAN
ITEM 1.

6. NAME AND ADDRESS OF SUPPLIER

7. DESTINATION COUNTY

8. APPROXIMATE DATE OF MOVEMENT

9. NUMBER OF SHIPMENTS

10. METHOD OF SHIPMENT
- Mail
- Freight
- Baggage
- Auto

11. INTENDED USE (Be specific; state whether use will be in a laboratory and/or greenhouse and/or in the field, and, in the case of pathogens, state whether use will include plant inoculation.)

12. METHODS TO BE USED TO PREVENT ESCAPE OF THE ORGANISMS

13. METHOD OF FINAL DISPOSITION

14. I/We agree to comply with the conditions printed on the reverse of this form, and understand that the permit is subject to other conditions which may be prescribed.

SIGNATURE OF APPLICANT

DATE

SECTION B – TO BE COMPLETED BY STATE OFFICIAL

PERMIT

(Permit not valid unless signed by an authorized official of Plant Health and Pest Prevention Services Division)

PERMIT NUMBER

Under authority of Section 6305 of the Food and Agricultural code, permission is hereby granted to the applicant named above to move and use the organisms described, except as deleted, subject to the conditions stated on, or attached to, this application. (See standard conditions on reverse side.)

VIOLATION OF ANY OF THE CONDITIONS OF THIS PERMIT SHALL BE SUFFICIENT CAUSE FOR ITS IMMEDIATE REVOCATION.

15. SIGNATURE OF STATE OFFICIAL

16. DATE ISSUED

17. EXPIRATION DATE

Attachments may accompany application
If space on application is insufficient.
FORM 66-026 (9/01)
Plant Health and Pest Prevention Services

Copy to: County Agricultural Commissioner
Pest Exclusion Area Biologist
Plant Pest Diagnostics Branch
Supplier
File
STANDARD CONDITIONS OF PERMIT

1. All organisms shall be shipped in sturdy, escape-proof containers and a copy of this permit shall accompany each shipment.

2. Arrival of each shipment shall be immediately reported to the office of the County Agricultural Commissioner and held for inspection prior to use (telephone: ________________).

3. All packing material and shipping containers shall be sterilized or destroyed immediately after removing the organisms.

4. Organisms, and inoculated plants if any, shall be kept and used only within the laboratory or designated area at the permittee’s address and/or the address specified in Item 5, Section A.

5. No living organisms kept under this permit, and inoculated plants if any, shall be removed from the confined, designated area except by prior approval from State and, if applicable, federal agricultural regulatory officials.

6. Without prior notice and during regular business hours, State and county agricultural regulatory officials shall be allowed to inspect the conditions under which the organisms are kept and used.

7. All necessary precautions must be taken to prevent escape of pests. In the event of pest escape, this office shall be immediately notified (916) 654-1017.

8. All organisms kept under this permit, and inoculated plants if any, shall be destroyed at the completion of the intended use, and not later than the expiration date, unless an extension is granted by this issuing office. Written request for an extension of the expiration date should be submitted at least 30 days in advance of the expiration date.