

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE

EMERGENCY ACTION NOTIFICATION

3. NAME AND QUANTITY OF ARTICLE(S)		SERIAL NO.	
		1. PPQ LOCATION	2. DATE ISSUED
6. SHIPPER		4. LOCATION OF ARTICLES	
		5. DESTINATION OF ARTICLES	
9. OWNER/CONSIGNEE OF ARTICLES Name: _____ Address: _____ _____ _____ PHONE NO. _____ FAX NO. _____ SS NO. _____ TAX ID NO. _____		7. NAME OF CARRIER	
		8. SHIPMENT ID NO.(S)	
		10. PORT OF LADING	11. DATE OF ARRIVAL
		12. ID OF PEST(S), NOXIOUS WEEDS, OR ARTICLE(S)	
		12a. PEST ID NO.	12b. DATE INTERCEPTED
		13. COUNTRY OF ORIGIN	14. GROWER NO.
		15. FOREIGN CERTIFICATE NO.	
		15a. PLACE ISSUED	15b. DATE

Under Sections 411, 412, and 414 of the Plant Protection Act (7 USC 7711, 7712, and 7714) and Sections 10404 through 10407 of the Animal Health Protection Act (7 USC 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 NOTIFICATION COMPLETE SPECIFIED ACTION WITHIN (Specify No. Hours or No. Days):	18. SIGNATURE OF OFFICER:
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ACKNOWLEDGMENT OF RECEIPT OF EMERGENCY ACTION NOTIFICATION

I hereby acknowledge receipt of the foregoing notification.

SIGNATURE AND TITLE:	DATE AND TIME:
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19. REVOCATION OF NOTIFICATION

ACTION TAKEN: _____

SIGNATURE OF OFFICER:	DATE:
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