



Appendix K

Supplemental Forms

Contents

Introduction	page K-1-1
APHIS Form 47, Transmittal and Receipt for Accountable Items	page K-1-2
APHIS Form 80-R, Export Certificate Record	page K-1-3
APHIS Form 94, Record of Public Funds Received	page K-1-4
APHIS Form 7060, Official Warning, Violation of Federal Regulations	page K-1-5
Purpose of APHIS Form 7060	page K-1-6
Instructions to Complete APHIS Form 7060	page K-1-6
Distribution of APHIS Form 7060	page K-1-7
PPQ Form 519, Compliance Agreement	page K-1-8
Purpose of PPQ Form 519	page K-1-9
Instructions to Complete PPQ Form 519	page K-1-9
Distribution of PPQ Form 519	page K-1-11
PPQ Form 572, Application for Inspection and Certification of Domestic Plants and Plant Products for Export	page K-1-12
Purpose of PPQ Form 572	page K-1-13
Exporter Instructions to Complete PPQ Form 572	page K-1-13
ACO Instructions to Complete PPQ Form 572	page K-1-13
Distribution of PPQ Form 572	page K-1-14
PPQ Form 575, Monthly Summary of Export Certificates Issued	page K-1-15
PPQ Form 576, Attachment Sheet for Phytosanitary Certificate or Phytosanitary Certificate for Reexport	page K-1-17
Purpose of PPQ Form 576	page K-1-18
Instructions to Complete PPQ Form 576	page K-1-18

Introduction

This appendix includes official forms that are used as part of the export certification process that Authorized Certification Officials (ACOs) or exporters may complete (wholly or partially), sign, and distribute. In the interest of legibility, the forms in this appendix have been typed; however, most forms may be completed by legibly hand printing in ink.



These forms are supplemental to the export certificates that ACOs issue for certifiable commodities offered for export.

Directions for completing, issuing, distributing, and maintaining export certificates are located in [Completing PPQ Forms 577 and 579](#) on [page 3-8-1](#) and in [Completing PPQ Form 578](#) on [page 3-9-1](#).

APHIS Form 47, Transmittal and Receipt for Accountable Items

TRANSMITTAL AND RECEIPT FOR ACCOUNTABLE ITEMS				USDA-APHIS	1. DATE PREPARED
<p>ISSUING OFFICE: Complete applicable items 1 through 9. Original and one copy to accompany the items to the receiving office. Retain one copy. RECEIVING OFFICE: Complete items 11 through 15 and return original to issuing office in item 3.</p>					
2. TO:			3. FROM:		
4. ACCOUNTABLE FORMS ENCLOSED					
A. FORM NO.	B. TITLE	C. QUANTITY	D. UNIT OF ISSUE	E. SERIAL NOS. (Inclusive)	
				FROM	THROUGH
SF-1103	U.S. Government Bill of Lading				
AD-107	Report of Transfer or Other Disposition of Construction of Property - For Sales				
APHIS-89	Report of Reimbursable Inspection and Quarantine Service				
	Identification Card				
5. CREDIT CARDS - LICENSE PLATES ENCLOSED					
A. TYPE	B. NAME OF ISSUING COMPANY	C. NO. ENCLOSED	D. CREDIT CARD OR LICENSE PLATE NOS.		
			FROM	THROUGH	
Telephone Toll Credit Card					
Auto Rental Credit Card					
GSA National Credit Card (Service station use) (Return expired credit cards being replaced)					
License Plates					
APHIS Decals					
6. ACCOUNTABLE ITEMS					
A. DESCRIPTION	B. QUANTITY	C. SERIAL NOS. (Inclusive)			
		FROM	THROUGH		
7. REMARKS					
8. SIGNATURE OF ISSUING OFFICIAL			9. TITLE		10. DATE
ACKNOWLEDGMENT OF RECEIPT <i>I acknowledge receipt of the above items except as noted in item 11 below.</i>					
11. EXCEPTIONS					
<input type="checkbox"/> 12. "X" IF EXPIRED CREDIT CARDS ARE ATTACHED	13. SIGNATURE OF ACCOUNTABLE OFFICER		14. TITLE		15. DATE RECEIVED
APHIS FORM 47 (APR 2001)			<i>Previous editions may be used.</i>		

FIGURE K-1-1: Example of APHIS Form 47, Transmittal and Receipt for Accountable Items (blank)

Purpose of APHIS Form 7060

APHIS Form 7060, Official Warning, Violation of Federal Regulations is issued by PPQ Officers-in-Charge when the violation **does not** warrant further action and **only** after consulting with local or regional Investigative and Enforcement Services (IES) officials. PPQ Officers-in-Charge use APHIS Form 7060 to do the following:

- ◆ Advise the exporter or agent of the correct procedure to follow for making changes to an export certificate
- ◆ Inform the exporter or agent of the consequences for failing to follow procedures
- ◆ Inform the exporter or agent of the violation

APHIS Form 7060 may be used instead of pursuing an investigation for the following prohibited practices that could result in a foreign government rejecting an export certificate and, therefore, rejecting the shipment. These prohibited practices should **not** warrant a criminal investigation, and unless an attempt to defraud is apparent, these first-time violations would warrant APHIS Form 7060 issuance.

- ◆ Addition of a letter of credit or other commercial reference
- ◆ Corrections to the number (generally **only** decreases) and description of packages, or distinguishing marks
- ◆ Correction to or deletion of botanical names of plants
- ◆ Correction to the means of conveyance
- ◆ Correction to the name of the exporter or consignee
- ◆ Decrease in the quantity declared

If the exporter is apparently seeking certification of a shipment that has **not** been inspected, APHIS Form 7060 **cannot** be used.

Instructions to Complete APHIS Form 7060

See [Table K-1-1](#) on [page K-1-7](#) for instructions on how to complete APHIS Form 7060.



If APHIS Form 7060 is issued, **no** further action may be taken by IES on the incident.

TABLE K-1-1: Instructions to Complete APHIS Form 7060, Official Warning, Violation of Federal Regulations

If the block is:	Then follow these instructions to complete APHIS Form 7060:
Case No.	LEAVE BLANK; for IES use
Violator	LIST the name of the violator and/or company
Address	LIST the violator's street address, city, state, and zip code
Description of Violation	<ul style="list-style-type: none"> ◆ In the pre-printed statement, FILL in the date of the violation ◆ Briefly describe the certification violation <p>EXAMPLE Unauthorized change made to an export certificate that is in violation of 7CFR Part 353 and may be prosecuted under Plant Protection Act (7USC 7701) and other applicable laws.</p>
APHIS Official	ENTER the name and title of the USDA-APHIS-PPQ official that will sign the APHIS Form 7060
Office Address	ENTER the USDA-APHIS-PPQ official's office address and phone number
Signature	USDA-APHIS-PPQ official SIGNS
Date Issued	LIST the date the APHIS Form 7060 was signed
For Personal Service - Received By	LIST the name and signature of the violator's receiving official (violator entry)
Date Received	LIST the date APHIS Form 7060 is received by the violator (violator entry)
For Certified Mail - Receipt No.	LIST the certified mail receipt number for APHIS Form 7060

Distribution of APHIS Form 7060

Before issuing the completed APHIS Form 7060 to the violator, make two copies of the form. Send via FAX or mail, one copy to the local or regional IES official¹ and one copy to IES headquarters at the following address:

USDA-APHIS-IES
ATTENTION: Alan Christian, Director
4700 River Road, Unit 85
Riverdale, Maryland 20737
FAX: 301-734-4328
Phone: 301-734-8684

¹ For local and regional IES contacts, go to the following Web site address: <<http://www.aphis.usda.gov/ies/contacts.shtml>>.

PPQ Form 519, Compliance Agreement

According to the Paperwork Reduction Act of 1995, no persons are 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 are 0579-0054, 0088, 0129, 0198, 0238, 0257, 0306, 0310. The time required to complete this information collection is estimated to average 1.25 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.		FORM APPROVED OMB NUMBER 0579- 0054/0088/0129/0198/ 0238/0257/0306/0310
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE		COMPLIANCE AGREEMENT
1. NAME AND MAILING ADDRESS OF PERSON OR FIRM	2. LOCATION	
3. REGULATED ARTICLE(S)		
4. APPLICABLE FEDERAL QUARANTINE(S) OR REGULATIONS		
5. I/WE AGREE TO THE FOLLOWING:		
6. SIGNATURE	7. TITLE	8. DATE SIGNED
The affixing of the signatures below will validate this agreement which shall remain in effect until cancelled, but may be revised as necessary or revoked for noncompliance.		9. AGREEMENT NO.
		10. DATE OF AGREEMENT
11. PPQ/CBP OFFICIAL (NAME AND TITLE)	12. ADDRESS	
13. SIGNATURE		
14. U.S. GOVERNMENT/STATE AGENCY OFFICIAL (NAME AND TITLE)	15. ADDRESS	
16. SIGNATURE		
PPQ FORM 519 (MAY 2007)		

FIGURE K-1-5: Example of PPQ Form 519, Compliance Agreement

Purpose of PPQ Form 519

PPQ Form 519, Compliance Agreement is used to formalize agreements and to provide signed, written agreement of methods, conditions, and procedures necessary for compliance with regulations. PPQ Form 519 has a variety of uses in both domestic and foreign quarantine programs. PPQ Form 519 is also used to submit as evidence for violation cases.


Instructions to Complete PPQ Form 519

Review compliance agreements at least annually, but preferably twice a year. Amend compliance agreements as appropriate.

Any oral cancellation of a compliance agreement **must** be confirmed in writing as soon as possible. The establishment has 10 days to appeal the cancellation. Appeals **must** be made to PPQ Deputy Administrator.

Complete PPQ Form 519 as instructed in [Table K-1-2](#) on [page K-1-10](#). See also [Commodity • Cotton](#) on [page 4-2-1](#).

TABLE K-1-2: Instructions to Complete PPQ Form 519, Compliance Agreement

If the block is:	Then follow these instructions to complete PPQ Form 519:
1. NAME AND MAILING ADDRESS OF PERSON OR FIRM	LIST the name and mailing address of the person or establishment with whom the agreement is being made
2. LOCATION	LIST the location of the specific property(ies) for which the agreement is signed
3. REGULATED ARTICLE(S)	LIST the specific regulated articles to which the agreement applies, such as "Cotton Bales"
4. APPLICABLE FEDERAL QUARANTINE(S) OR REGULATIONS	LIST the legislative titles, parts, and subparts for the regulated articles, such as "7CFR353"
5. I/WE AGREE TO THE FOLLOWING	<ol style="list-style-type: none"> 1. Outline the stipulations which apply to the establishment for each quarantine or regulation affecting the establishment 2. Make clear to the establishment that stipulations in the compliance agreement do not preclude compliance with other sections of a quarantine or regulation 3. If there is not enough space to list the stipulations, write "See attached sheets" (attach the sheets to the original PPQ Form 519 and all its copies)
6. SIGNATURE	HAVE the responsible official of the establishment sign
7. TITLE	LIST the responsible official's title
8. DATE SIGNED	LIST the date the establishment official signed the agreement
9. AGREEMENT NO.	ASSIGN a compliance agreement number
10. DATE OF AGREEMENT	LIST the date of the agreement
11. PPQ/CBP OFFICIAL (Name and Title)	LIST the name and title of the PPQ/CBP official executing this agreement
12. ADDRESS	LIST the PPQ/CBP address
13. SIGNATURE	PPQ/CBP official SIGNS
14-16	<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Important</p> <p>Complete Blocks 14-16 only when the State is involved in cooperating with enforcing Federal quarantines.</p> </div> </div>
14. U.S. GOVERNMENT/ STATE AGENCY OFFICIAL	LIST the name and title of the State official
15. ADDRESS	LIST the State agency's address
16. SIGNATURE	HAVE the State official sign

Distribution of PPQ Form 519

Distribute PPQ Form 519 as follows in [Table K-1-3](#):

TABLE K-1-3: Distribution of PPQ Form 519, Compliance Agreement

If the compliance agreement:	Then:
Affects one work unit	<ol style="list-style-type: none">1. GIVE the original to the establishment2. KEEP a copy for PPQ files in the area where the establishment is located
Affects more than one work unit	<ol style="list-style-type: none">1. GIVE the original to the establishment2. GIVE copies to all work units affected by the agreement¹3. KEEP a copy for PPQ files in the area where the establishment is located

- 1 For universal density compressed baled cotton compliant warehouses, forward the information from Blocks 1, 2 and 7 to your Export Certification Specialist (ECS); they in turn will forward this information to their Regional Program Manager (RPM) for inclusion on the national list. The ECS will then forward the updated national list to the field.

PPQ Form 572, Application for Inspection and Certification of Domestic Plants and Plant Products for Export

<p>No Phytosanitary Export Certificate can be issued until an application is completed (7 CFR 353). FORM APPROVED OMB NO. 0579-0052</p>		<p>According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0052. The time required to complete this information collection is estimated to average .25 minutes/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.</p>	
<p>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE</p> <p>APPLICATION FOR INSPECTION AND CERTIFICATION OF DOMESTIC PLANTS AND PLANT PRODUCTS FOR EXPORT</p>		<p>INSTRUCTIONS: APPLICANT - Forward original to the Officer in Charge where inspections, treatment, and certification will be given (Item 4). Complete items 1 thru 11. OFFICER - Complete items 12 thru 17.</p>	
1. NAME AND ADDRESS OF EXPORTER		3. NAME AND ADDRESS OF APPLICANT (or exporters agent)	
		AREA CODE AND PHONE NO.	
2. NAME AND ADDRESS OF FOREIGN CONSIGNEE		4. PLACE WHERE ARTICLES WILL BE MADE AVAILABLE FOR INSPECTION AND/OR TREATMENT AND CERTIFICATION (Port and location)	
		5. APPROX. DATE OF DEPARTURE	6. PORT OF EXPORT
7. DESCRIPTION OF ARTICLES TO BE CERTIFIED			
a.	QUANTITY AND NAME OF PRODUCE AND BOTANICAL NAME		
b.	NUMBER AND DESCRIPTION OF PACKAGES		
c.	DISTINGUISHING MARKS		
d.	CERTIFIED ORIGIN		
8. DECLARED MEANS OF CONVEYANCE		I certify that the origin (place where grown) of the articles listed is as represented.	
9. DECLARED POINT OF ENTRY		10. SIGNATURE (applicant or exporters agents)	11. DATE
EXPORT INSPECTION DATA - (To be filled in by Plant Protection and Quarantine Officer)			
12. LOCATION OF ARTICLES		13. % OF MATERIALS EXAMINED	14. % OF MATERIALS INFESTED
15. FINDINGS AND/OR TREATMENT GIVEN (Use reverse if necessary)			
16. SIGNATURE		17. DATE AND TIME INSPECTED	

PPQ FORM 572
(APR 2005)

FIGURE K-1-6: Example of PPQ Form 572, Application for Inspection and Certification of Domestic Plants and Plant Products for Export

Purpose of PPQ Form 572

PPQ Form 572, Application for Inspection and Certification of Domestic Plants and Plant Products for Export is an exporter's application for services, and is utilized by ACOs as a worksheet to prepare export certificates and to record inspection results. Although this form is required by regulation and is the preferred method to request phytosanitary export certification, in practice alternative methods are used to obtain the necessary information for inspection and certification.

Exporter Instructions to Complete PPQ Form 572

PPQ Form 572² is available for public use from the following Web site address:

<http://www.aphis.usda.gov/library/forms/>

PPQ Form 572 is recommended for those exporters who infrequently export commodities, or who **must** send commodities to PPQ offices for inspection. Exporters who partially complete PPQ Forms 577 and PPQ Forms 579 to apply for inspection may **not** be required to submit an application using PPQ Form 572.

ACO Instructions to Complete PPQ Form 572

ACOs record the results of inspection in the section titled Export Inspection Data. Inspection results may include discrepancies found in the description of articles to be certified (i.e., quantity, name, number, description of packages, distinguishing marks, or certified origin). See [Table K-1-4](#) on [page K-1-14](#) for instructions to complete the Export Inspection Data of PPQ Form 572.



ACOs are responsible for holding in strict confidence the information on PPQ Form 572.

² This application may be available online at locations piloting the Phytosanitary Certificate Issuance Tracking System (PCIT); contact the PCIT Coordinator of PPQ Export Services (ES) for further information.

TABLE K-1-4: Instructions to Complete PPQ Form 572, Application for Inspection and Certification of Domestic Plants and Plant Products for Export

If the block is:	Then follow these instructions to complete PPQ Form 572:
1-11	1. Exporter, shipper, or broker completes Blocks 1-11 2. ACOs check these blocks for legibility, accuracy, and completeness in order to complete an export certificate
Export Inspection Data (to be completed by ACOs)	
12. LOCATION OF ARTICLES	LIST the place where you inspected the commodities
13. % OF MATERIALS EXAMINED	LIST the percentage (how much) of commodities that were inspected
14. % OF MATERIALS INFESTED	LIST the percentage of commodities that were infested or infected
15. FINDINGS AND/OR TREATMENT GIVEN (use reverse if necessary)	LIST all findings and/or treatments given as a result of your inspection, which may include the following: <ol style="list-style-type: none"> 1. Pest or disease if infested or infected 2. Details of the treatment if treated 3. Exporter actions to meet the phytosanitary import requirements (e.g., repackaging, reconditioning, or debarking) 4. Unique or unusual situation about the shipment such as additional declarations to be entered on the export certificate 5. Supporting documents provided by the exporter such as import permit copy, acceptable inspection certificate, State phytosanitary certificate, treatment information 6. Intended use of commodity if needed to determine the phytosanitary requirements of the importing country (e.g., wheat grain or wheat seeds)
16. SIGNATURE	SIGN your name (ACO)
17. DATE AND TIME INSPECTED	ENTER the date and time the commodities were inspected

Distribution of PPQ Form 572

Once the export certificate is issued, attach PPQ Form 572, with inspection results, to the Issuing Office Copy.

There is **no** other distribution of PPQ Form 572 as this form **only** serves as the application for certification and a worksheet for ACOs.

PPQ Form 575, Monthly Summary of Export Certificates Issued

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE			
MONTHLY SUMMARY OF EXPORT CERTIFICATES ISSUED			
1. WORK UNIT NAME AND STATION NAME		2. REGION	
		3. MONTH AND YEAR	
4. TYPE OF CERTIFICATE	NUMBER		DOLLAR AMOUNT COLLECTED AND FORWARDED TO ASD
	PURCHASED	ISSUED	
A. Commercial Phytosanitary Certificates invoiced valued at or greater than \$1,250 (PPQ Form 577)			\$
B. All Non-commercial & Commercial Phytosanitary Certificates invoiced valued less than \$1,250 (PPQ Form 577)			\$
C. Export Certificate, Processed Plant Products (PPQ Form 578)			\$
D. Commercial Phytosanitary Certificates for Re-export (PPQ Form 579)			\$
E. Commercial Phytosanitary Certificates for Re-export invoiced valued at less than \$1,250 (PPQ Form 579)			\$
F. Re-issued Certificates (Non-prepaid)			\$
G. Re-issued Certificates (Prepaid)			
H. Number of Voided or Unused Certificates			
I. Number of Certificates Issued under Non Contiguous Reimbursable Overtime			
J. Number of State and County Issued Certificates			
PPQ Form 577 _____			
PPQ Form 578 _____			
PPQ Form 579 _____			
CERTIFICATION			
I certify that the foregoing Export Certificates were purchased or issued during the month of _____ and all monies collected were forwarded to MRP Business Services, ASD, Minneapolis.			
5. SIGNATURE		6. PRINT NAME AND TITLE (PD or Designee)	7. DATE
8. REMARKS			
NEGATIVE REPORT			
I certify that the foregoing Export Certificates were purchased or issued during the month of _____ and all monies collected from previous certificates have been forwarded to MRP Business Services, ASD, Minneapolis.			
9. SIGNATURE		10. PRINT NAME AND TITLE (PD or Designee)	11. DATE
PPQ FORM 575 JAN 2002			
<input type="checkbox"/> PART 1-APHIS USER FEES BRANCH <input type="checkbox"/> PART 2-WORK UNIT <input type="checkbox"/> PART 3-REGIONAL OFFICE			

FIGURE K-1-7: Example of PPQ Form 575, Monthly Summary of Export Certificates Issued (blank)

INSTRUCTIONS FOR COMPLETING PPQ FORM 575

1. Enter the work unit and work station name, for example, San Francisco, CA/Oakland, CA.
- 4A. Enter the number of certificates (PPQ 577) purchased at the commercial rate and the dollar amount collected and forwarded. This includes certificates individually purchased, blocks of certificates and those issued on contiguous reimbursable overtime.
- 4B. Enter the number of certificates (PPQ 577) purchased at the low value or non commercial rate and the dollar amount collected and forwarded. This includes certificates purchased individually and those issued on contiguous reimbursable overtime.
NOTE: No blocks of certificates may be pre-purchased at this rate.
- 4C. Enter the number of certificates (PPQ 578) purchased (always commercial rate) and the dollar amount collected and forwarded. This includes certificates individually purchased, blocks of certificates and those issued on contiguous reimbursable overtime.
- 4D. Enter the number of certificates (PPQ 579) purchased at the commercial rate and the dollar amount collected and forwarded. This includes certificates individually purchased, blocks of certificates and those issued on contiguous reimbursable overtime.
- 4E. Enter the number of certificates (PPQ 579) purchased at the commercial low value rate and the dollar amount collected and forwarded. This includes certificates purchased individually and those issued on contiguous reimbursable overtime.
NOTE: No blocks of certificates may be pre-purchased at this rate.
- 4F. Enter the number of certificates (PPQ 577, 578, 579) re-issued (federal supersedures) and the dollar amount collected and forwarded.
- 4G. Enter the number only of certificates (PPQ 577, 578, 579) re-issued (federal supersedures) receiving credit.
- 4H. Enter the number only of voided or unused certificates (PPQ 577, 578, 579) returned.
- 4I. Enter the number only of certificates (PPQ 577, 578, 579) issued on non contiguous reimbursable overtime.
- 4J. Enter the number of certificates (PPQ 577, 578, 579) issued (signed) by cooperators.
8. Use the remarks section when certificates are purchased at the \$50.00 rate but upon signature qualify for the \$23.00 rate. State the number of certificates originally sold at the \$50.00 rate and the number that qualified at the \$23.00 rate. Do not enter these figures in any other area.

NOTE: The shaded areas on PPQ Form 575 are not to be completed.

FIGURE K-1-8: Instructions for Completing PPQ Form 575, Monthly Summary of Export Certificates Issued

PPQ Form 576, Attachment Sheet for Phytosanitary Certificate or Phytosanitary Certificate for Reexport


<small>No phytosanitary certificate can be issued until an application is completed (7 CFR 353)</small>		<small>FORM APPROVED OMB NO. 0579-0052</small>	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE ATTACHMENT SHEET FOR PHYTOSANITARY CERTIFICATE OR PHYTOSANITARY CERTIFICATE FOR REEXPORT	FOR OFFICIAL USE ONLY		
	1. ADDENDUM TO NO: FPC		
		2. DATE:	3. PAGE NO:
This attachment is issued by Authorized Certifying Officials under authority of the United States Department of Agriculture (USDA). The USDA Phytosanitary Certificate (PPQ 577) or Phytosanitary Certificate for Reexport (PPQ 579) must reference its use. This attachment sheet may only contain information that would normally be included on a PPQ 577 or PPQ 579, and its use is only authorized in instances in which necessary information could not be included on a PPQ 577 or PPQ 579.			
4. ADDITIONAL INFORMATION:			
5. NAME OF AUTHORIZED OFFICER: <i>(Type or Print)</i>		6. SIGNATURE OF AUTHORIZED OFFICER:	
No liability shall attach to the United States Department of Agriculture or to any officer or representative of the Department with respect to this certificate.			
<small>According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0052. The time required to complete this information collection is estimated to average 1.20 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.</small>			
<small>PPQ FORM 576 APR 2005</small>			

FIGURE K-1-9: Example of PPQ Form 576, Attachment Sheet for Phytosanitary Certificate or Phytosanitary Certificate for Reexport

Purpose of PPQ Form 576

PPQ Form 576, Attachment Sheet for Phytosanitary Certificate or Phytosanitary Certificate for Reexport is used when the required information for phytosanitary certification **does not** fit on the original PPQ Form 577 or 579. PPQ Form 576 can **only** include information that would normally be included on a PPQ Form 577 or 579. Reference to the attachment **must** be included in the appropriate block of the original PPQ Form 577 or PPQ Form 579. Multiple blocks on the PPQ Form 577 or PPQ Form 579 may reference this attachment sheet (PPQ Form 576).



The PPQ 576 attachment sheet **cannot** be used for PPQ Form 578.

Instructions to Complete PPQ Form 576

Refer to [Table K-1-5](#) on [page K-1-19](#).

TABLE K-1-5: Instructions to Complete PPQ Form 576, Attachment Sheet for Phytosanitary Certificate or Phytosanitary Certificate for Reexport

If the block is:	Then follow these instructions:
1. ADDENDUM TO NO.	Enter the serial number of the PPQ 577 or PPQ 579 that the attachment references.
2. DATE	Enter the date the attachment was issued by the certifying officer (must be the same date as the issuance date of the PPQ 577 or PPQ 579).
3. PAGE NO.	Enter the page number of the attachment (if one attachment page, 2/2; if two attachment pages, 2/3 and 3/3).
4. ADDITIONAL INFORMATION	<p>Enter the additional information. Be sure to first reference the corresponding section of the PPQ 577 or PPQ 579. If more than one section is included on the attachment sheet, a single horizontal line will indicate the start of another section. Once all the data is included, line out any unused portions of the line and the rest of the form (see example below).</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>4. Additional Information</p> <p>Block 10. Botanical Names of Plants <i>Acer Saccharum</i> <i>Zea Mays</i></p> <hr style="border-top: 1px dashed black;"/> <p>Additional Declaration The plants are free from <i>Mycosphaerella schoenoprasii</i> and <i>Ditylenchus dipsaci</i>.....</p> <hr style="border-top: 1px solid black;"/> </div>
5. NAME OF AUTHORIZED OFFICER	Enter the name of the Authorized Officer: TYPE or PRINT the name of the Authorized Certifying Official who will sign the certificate. NOTE: The signature on the PPQ 576 must be the same as the name on the original PPQ 577 or PPQ 579.
6. SIGNATURE OF AUTHORIZED OFFICER	Signature of Authorized Officer: Must be the signature of the Authorized Certifying Official that signed the original PPQ 577 or PPQ 579. NOTE: Stamped signatures are not permitted.

