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

DEPARTMENT OF FOOD AND AGRICULTURE PLANT HEALTH AND PEST PREVENTION SERVICES 1220 N STREET, ROOM 210 SACRAMENTO, CALIFORNIA 95814		SECTION A TO BE COMPLETED BY APPLICANT			
APPLICATION AND PERMIT TO MOVE AND USE LIVE PLANT PESTS OR INSECTS OR NOXIOUS WEEDS (Attachments may accompany application if space is insufficient)		1. NAME AND ADDRESS (Include organization name and Zip Code) Louise Pierce Plant Disease Diagnosis 780 Palmer Ave. Walnut Creek, CA 94596		2. TELEPHONE NUMBER/FAX NUMBER/EMAIL (925) 937-3841 Luellvn@pdd.biz	
3. TYPE OF ORGANISM <input type="checkbox"/> Arthropod <input checked="" type="checkbox"/> Pathogen <input type="checkbox"/> Noxious Weed <input type="checkbox"/> Nematode					
4. SCIENTIFIC NAME OF ORGANISM	CLASSIFICATION (Order, Family, etc)	LIFE STAGES	NUMBER OF SPECIMENS	MOVED OR SHIPPED FROM	WHAT HOST MATERIAL WILL ACCOMPANY PEST?
fungal plant pathogens	<del>Fungi</del>	N.A.	Misc.	S.F. bay area	plant tissue
bacterial plant pathogens	bacteria	N.A.	Misc.	S.F. bay area	plant tissue
5. ADDRESS OF USE LOCATION IF DIFFERENT THAN ITEM 1.		6. NAME AND ADDRESS OF SUPPLIER		7. DESTINATION COUNTY	
		Self-collected from private residences		Contra Costa County	
8. APPROXIMATE DATE OF MOVEMENT		9. NUMBER OF SHIPMENTS		10. METHOD OF SHIPMENT	
Misc.		Misc.		<input checked="" type="checkbox"/> Mail <input type="checkbox"/> Freight <input type="checkbox"/> Baggage <input checked="" type="checkbox"/> 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.)					
Diagnosis of fungal and bacterial pathogens. Pathogens will only be cultured to aid in pathogen diagnosis. Cultures will not be stored, nor will plants be inoculated.					
12. METHODS TO BE USED TO PREVENT ESCAPE OF THE ORGANISMS			13. METHOD OF FINAL DISPOSITION		
Sealed in plastic bags.			All plant tissues, cultures and pathogens will be steam sterilized in a pressure cooker, put in sealed plastic bags, and disposed of in commercial/household waste.		

14. I/We agree to comply with the Standard Conditions of Permit, and understand that the permit is subject to other conditions which may be prescribed.

SIGNATURE OF APPLICANT: Louise Pierce DATE: 9-29-16

SECTION B - TO BE COMPLETED BY STATE OFFICIAL	
PERMIT	PERMIT NUMBER 3284

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

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.

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 September 29, 2016	17. EXPIRATION DATE September 30, 2018
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FORM 66-026 Rev (1/2015)  
State of California

Copy to: County Agricultural Commissioner  
Pest Exclusion  
Plant Pest Diagnostics Center  
Supplier  
File