

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE
4700 RIVER ROAD, UNIT 133
RIVERDALE, MD 20737**

NOTIFICATION OF POSSESSION OR USE OF LISTED PLANT PATHOGENS

NAME AND ADDRESS OF FACILITY	TYPE OF FACILITY (<i>University, commercial, government, or other (specify)</i>)
	TELEPHONE NUMBER
NAME OF RESPONSIBLE FACILITY OFFICIAL	FAX NUMBER
PRINCIPAL ACTIVITY OF FACILITY (<i>Research, diagnostic, herbarium, other, please specify</i>)	

CHECK ("X") EACH PLANT PATHOGEN USED OR POSSESSED BY YOUR FACILITY

Ralstonia solanacearum Race 3		Sclerophthora rayssiae var zeae	
Synchytrium endobioticum		Liberobacter africanus, Liberobacter asiaticus	
Xanthomonas oryzae pv. oryzicola		Xylella fastidiosa (citrus variegated chlorosis strain)	
Phakopsora pachyrhizi		Plum Pox Potyvirus	
Peronosclerospora philippinensis			

DESCRIBE WORK TO BE PERFORMED AT FACILITY

FOR ANY LISTED AGENTS POSSESSED BY YOUR FACILITY, LIST PERMIT NUMBER FROM PPQ FORM 526, APPLICATION AND PERMIT TO MOVE LIVE PLANT PESTS OR NOXIOUS WEEDS.

SIGNATURE OF RESPONSIBLE FACILITY OFFICIAL

TYPED NAME AND TITLE

DATE

I hereby certify that the information in the application and all attachments is complete and accurate to the best of my knowledge and belief.
FALSE STATEMENT: Falsification of any item on this application may result in a fine of not more that \$10,000 or imprisonment for not more than 5 years or both. (18 U.S.C. 1001)