



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

No. _____

TEMPORARY CERTIFICATE OF INSPECTION

**NICOLE "NIKKI" FRIED
COMMISSIONER**

Section 581.031(14)(15), F.S. / 5B-66.004, F.A.C.

P. O. Box 147100, Gainesville, FL 32614-7100 / Phone: (352) 395-4700

_____ Florida.
(City or County)

Expires 30 days from _____
(Date)

This is to certify that the plant material located at

(Physical Location)

has been visually inspected for plant pests and meets the minimum requirements of Chapter 581, Florida Statutes.

(Firm Name and Mailing / Billing Address)

(Additional Declarations)

(Description of Plant Material (Names and Quantity))

Signature - District Inspector

Check box if billed.

Print Name

DPS# _____

(Receipt Number)