



Florida Department of Agriculture and Consumer Services  
Division of Plant Industry

**COMPLIANCE AGREEMENT  
COOPERATIVE FRUIT FLY ERADICATION PROGRAM  
AERIAL APPLICATOR**

NICOLE "NIKKI" FRIED  
COMMISSIONER

Section 581.031(26), F.S. / Rule 5B-66.004, F.A.C.

Participant # \_\_\_\_\_  
S: \_\_\_\_\_ T: \_\_\_\_\_ R: \_\_\_\_\_  
Phone: \_\_\_\_\_

1. NAME AND MAILING ADDRESS OF PERSON OR FIRM	2. LOCATION
3. REGULATED ARTICLE(S): Host fruits and vegetables of fruit flies	
4. APPLICABLE STATE QUARANTINE(S) OR REGULATIONS: Section 581.031 (1), (5) F.S., Rule Chapter 5B-66, F.A.C.	

I / We agree to handle, pack, process, and move regulated articles in accordance with applicable plant quarantines; use all permits and certificates in accordance with instructions; maintain and offer for inspection such records as may be required; and abide by the following stipulations:

1. To provide a current pesticide applicator's certification upon request.
2. To utilize a certified applicator in the performance of all aerial applications.
3. To provide all necessary equipment (including safety and pesticide spill equipment) and labor. Labor and equipment are both subject to approval by the Cooperative Fruit Fly Eradication Program (CFFEP).
4. To Provide the CFFEP, within 24 hours of treatment, a copy of treatment records stating the following:
  - a.) Name of grower where treatment was performed
  - b.) Date and time treatment began and was completed
  - c.) Location of treatment area
  - d.) Name of pesticide and rate of treatment
  - e.) Name and signature of applicator
  - f.) Provide GPS guidance track (ex. Ag Nav) of treatment area
5. To follow all safety requirements of the Occupational Safety and Health Act, Environmental Protection Agency, State and local requirements including verification of the training of employees actually performing the pesticide treatment.
6. To follow all instructions and procedures that will be required by the CFFEP in the planning, setting up and conducting of the pesticide application.
7. It is the responsibility of the aerial applicator to apply the bait spray to the proper area to be certified. If for some reason this cannot be accomplished, contact the CFFEP office.

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8. That the CFFEP will monitor the pesticide application by observing the aerial application, the placement of dye cards and collection samples of FFD host leaves to monitor the efficacy of the treatment. If the treatment is determined to be ineffective, then retreatment may be required.
9. That the CFFEP has the authority to approve or disapprove a pesticide application at any point. The disapproval will occur if the treatment is or will not be safe or effective or if any of the terms of this agreement are not met.
10. Not hold responsible the Florida Department of Agriculture and Consumer Services (FDACS), Division of Plant Industry (DPI), the United States Department of Agriculture (USDA), or its representatives for any injury or damage to the commodity or to any person, plants, domesticated animals, fish, wildlife, materials, equipment, habitat or environs as a result of any required treatment or requirement.
11. To avoid all circumstances whereby aerial bait sprays may impact lakes, rivers, canals and irrigation ditches or any body of water. Avoid spraying over bee hives and during conditions in which drift off target occurs. (See label requirements)
12. To adhere to all provisions and requirements of the pesticide label and all applicable crisis and quarantine exemptions and supplemental label requirements.
13. Any changes in the current fruit fly quarantine may void this agreement upon notice of the Department.
14. Violation of any stipulation of this agreement may be grounds for suspension or revocation of this agreement and may result in prosecution as provided by sections 581.141 and 581.211, Florida Statutes.

5. SIGNATURE	6. TITLE	7. DATE SIGNED
<p>The agreement shall remain in effect until canceled by either party upon not less than 10 days written notice and may be immediately revoked by the Division for non-compliance.</p>		8. AGREEMENT NO.
		9. DATE OF AGREEMENT
10. OFFICIAL (Name and Title)	11. ADDRESS	
12. SIGNATURE		

**Original - Cooperative Fruit Fly Eradication Program, 1<sup>st</sup> Copy - Regulated Entity**