



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

NICOLE "NIKKI" FRIED
COMMISSIONER

HOLD ORDER AND QUARANTINE

Section 581.031(30), F.S. / Rule 5B-65.005, F.A.C.
P.O. Box 147100, Gainesville, FL 32614-7100 / Phone: (352) 395-4700

Registration #: Location #: Date:

Issued to (Name):

Address: City: Zip code:

Reason for Hold Order: Plant Pest or Disease Specimen Identification Report #:

Administrative Rule or Statute List Statute or Rule:

Table with 4 columns: QUANTITATIVE ACTION (NEW, CONTINUE, RELEASE, DESTRUCTION), QUANTITY/UNIT, ARTICLES UNDER HOLD, REASON FOR HOLD, LOCATION OF ARTICLES.

Remarks:

In accordance with Section 581.031(30), Florida Statutes, this order prohibits further sale, barter, exchange, or distribution of plants, plant products, arthropods, or other regulated articles until the Department is satisfied that the law has been complied with and has issued a WRITTEN RELEASE to the owner or custodian of such plants, plant products, arthropods, or other regulated articles OR the owner or custodian VOLUNTARILY DESTROYS the plants, plant products, arthropods, or other regulated articles in the presence of a Department representative.

ADMINISTRATIVE HEARING AVAILABLE
If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative.

HEARING WAIVER AND WAIVER OF RIGHTS ON DESTROYED PRODUCTS
As the representative responsible for the regulated article placed under quarantine, I hereby waive a notice and a hearing, as provided in Chapter 120, F.S., and waive all rights in releasing or voluntarily destroying the products listed above.
VOLUNTARY AGREEMENT FOR DESTRUCTION OF PRODUCTS COVERED BY THIS HOLD ORDER
DESTRUCTION MUST BE WITNESSED BY FDACS REPRESENTATIVE
The product(s) listed above have been voluntarily destroyed: YES Initials:
Method of Destruction: LANDFILL INCINERATION OTHER

Name: (Signature of FDACS Representative)

Name: (Signature Acknowledging receipt of a copy of this document)

Print Name Inspector Number Print Name Title