



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

**REGISTRANT NOTIFICATION OF
STEWARDSHIP COMPLIANCE ACTION**

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd, Suite N,
Tallahassee, FL 32399-1650

Rule 5E-2.0312, F.A.C.

Telephone: (850) 617-7996; Fax: (850) 617-7968

Residential Fumigant:	<input type="checkbox"/> Vikane®	<input type="checkbox"/> Zythor®	<input type="checkbox"/> MasterFume®	Date:	
Registrant Name:					
Registrant Address:					
City:		State:		Zip Code:	
Registrant Telephone #:		Email Address:			

Pursuant to Rule 5E-2.0312 Florida Administrative Code, the above registrant is notifying the department of a licensee who has had either a probation decision or a stop-sale decision due to a deficiency in a critical safety procedure while using a registrant's Residential Fumigant. This form shall be issued with each instance and satisfaction.

Licensee Business Name:		License Number:	
Business Address:			
Business City:		State:	
Licensee Phone #:		Email:	
Decision Type:	<input type="checkbox"/> Probation <input type="checkbox"/> Stop-Sale	Initiation Period:	(At Least) <input type="checkbox"/> Six Months <input type="checkbox"/> 1 year <input type="checkbox"/> Permanent

Reasons for Action:	

Date Deficiencies Satisfied:		Person Authorizing Release:	
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COMMENTS/ISSUES REGARDING THIS COMPLIANCE ACTION: