

COOPERATIVE **ASIAN CITRUS PSYLLID** AND **HUANGLONGBING** QUARANTINE PROGRAM
COMPLIANCE AGREEMENT FOR MASTER PERMIT QC1623

_____ **County Agricultural Commissioner / CDFA / USDA**

[Pursuant to California Food and Agriculture Code Sections 5701-5705, Title 3 California Code of Regulations Sections 3435 and 3439, and Title 7 Code of Federal Regulations Section 301.76: Citrus Greening Disease and Asian Citrus Psyllid and Master Permit QC1623]

Cooperative ACP and HLB Quarantine Program
Address: California Dept. of Food and Agriculture
Citrus Pest and Disease Prevention Division
2710 Gateway Oaks Drive, 210-S
Sacramento, CA 95833
Phone: (916) 274-6300

Compliance Agreement Number: _____

Establishment Name:				
Owner / Manager Name:				
Mailing Address:		City:	Zip:	
Physical Address:		City:	Zip:	
Phone:	() -	E-Mail:		
Latitude:		Longitude:		

Program:

The _____ County Agricultural Commissioner, the California Department of Food and Agriculture (CDFA), and the United States Department of Agriculture (USDA), cooperating as the **Asian Citrus Psyllid** and **Huanglongbing Disease** Program.

Program Officer: _____

Business/Establishment:

Establishment Name (subsequently referred to as "Establishment"):

Background:

The pests known as Asian citrus psyllid (ACP) and huanglongbing (HLB) present a real and ongoing threat to the agricultural industry, environment, and economy of the State of California. Movement of regulated articles and commodities is a recognized channel for the spread of ACP and HLB from established areas to new locations. The ACP and HLB Quarantine Program is a cooperative effort between public entities that are responsible for mitigating the movement of ACP and HLB from regulated areas where the pest is established to new locations.

Agreement:

- A.** The ACP and HLB Quarantine Program, hereafter referred to as the Program, will permit your establishment to self-execute the ACP and HLB quarantine requirements attached as exhibits checked below, inclusive and incorporated into this agreement by reference as if fully set out. The exhibits checked below are binding:

Check all that apply:

<input type="checkbox"/>	Exhibit HLB-RN1	Nursery Stock in an HLB Quarantine Area
<input type="checkbox"/>	Exhibit HLB-RN2	Nursery Stock in an HLB Quarantine Area (Eligible for Retreatment)
<input type="checkbox"/>	Approved Treatment List	
<input type="checkbox"/>	Exhibit ACP-R	Regulated Articles
<input type="checkbox"/>	Exhibit X2	Program Management Practices for Ground Spray and Drench Treatments
<input type="checkbox"/>	Exhibit X3	Program Management Practices for Hazardous Materials Spills

- B.** In exchange for the Program's promise contained in sub-paragraph "A" above, the Establishment agrees to abide by the following rules and regulations:
1. Handle, process, and/or move regulated articles in accordance with the ACP and HLB quarantine requirements.
 2. Follow the Program's instructions regarding the use of all permits and certificates.
 3. Maintain and make such records, as the Program requires, accessible for inspection upon reasonable notice by the Program Officer. These records shall be maintained for a period of the latter of three years or the resolution of any outstanding claims.
- C.** This agreement becomes effective on signing and shall remain in effect until canceled by either party on 30 days' notice to the other at the address of either appearing above. However, the Program may accelerate the notice to immediate for cause, including but not limited to the Establishment's abandonment of the procedures outlined in the attached Exhibit(s).
- D.** Establishment assumes liability, if any, arising from the manner in which Establishment sells, handles, or distributes any regulated host material.

NOTICE: Any signatory or employee of any signatory who violates the terms of this Compliance Agreement may be subject to civil penalties pursuant to California Food and Agricultural Code section 5705, Title 7 CFR section 301.76-8, and the Plant Protection Act of 2000.

Signed in the County of _____ in the State of California on ____/____/____	
Establishment Manager/Owner	Program Officer
Print Name:	Print Name:
Signature:	Signature: