NO PERMIT WILL BE ISSUED TO NON-REGULATORY LABORATORIES TO PROCESS SERVICE SAMPLES UNTIL A COMPLETED APPLICATION PACKET IS RECEIVED @ permits@cdfa.ca.gov

| DEPARTMENT OF FOOD AND AGRICULTURE | SECTION A – TO BE COMPLETED BY APPLICANT |
|--|---|
| Plant Health and Pest Prevention Services 1220 N Street, Room 210 | 1. NAME AND ADDRESS (Include Zip Code & Contact Personnel Information) |
| Sacramento, California 95814 | |
| PRELIMINARY APPLICATION | |
| TO PROCESS NON-REGULATORY CALIFORNIA ORIGIN | |
| SERVICE SAMPLES FOR HUANGLONGBING (HLB) TESTING | |
| 3. TYPE OF TISSUE (Check all that apply) | 2. TELEPHONE/FAX/EMAIL |
| ☐ Citrus Plant Tissue ☐ Asian Citrus Psyllid (ACP) Tissue | |
| 4. EMPLOYEE INFORMATION: List all employees that will be processing service samples | |
| Lab Manager(s): | |
| Lab Technicians: | |
| | |
| | |
| | |
| | |
| | METHOD OF FINAL DISPOSITION FOR RESTRICTED MATERIALS |
| ITEM 1. | |
| | |
| | |
| | |
| | |
| | |
| 7. METHODS TO BE USED TO PREVENT ESCAPE OF THE ORGAL | NISMS |
| 7. METHODS TO BE USED TO TREVENT ESCALE OF THE ORDAN | INIDINIS |
| | |
| | |
| | |
| | |
| 8. ☐ I/We understand that the laboratory applying for this permit is subje | 9. SIGNATURE OF APPLICANT 10. DATE |
| facility inspection before the issuance of this permit. | |
| | |
| SECTION B - TO BE COMPERMIT | MPLETED BY STATE OFFICIAL PERMIT NO: |
| I LIXIVII I | LEKWII NO. |
| (Permit not valid unless signed by an authorized official of Plant Health and Pest Prevention Services Division) | |
| | • |
| | rmission is hereby granted to the applicant named above to move and use the |
| commodities described, except as deleted, subject to the conditions stated of | on, or attached to, this application. |
| | |
| 11. Lab has met the following requirements: Signed/Submitted Con | nditions Passed Facility Inspection |
| | _ raccourantly inspection |
| VIOLATION OF ANY OF THE CONDITIONS OF THIS PERMIT SHALL | |
| 12. SIGNATURE OF STATE OFFICIAL | 13. DATE ISSUED 14. EXPIRATION DATE |
| | |
| Attachments may accompany application if space on application is insuffici | ient. Copy to: County Agricultural Commissioner |

Pest Exclusion Area Biologist
Program Supervisor, Pest Exclusion