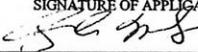


NO PERMIT WILL BE ISSUED TO MOVE AND USE LIVE INSECTS OR PLANT PESTS OR NOXIOUS WEEDS UNTIL A COMPLETED APPLICATION IS RECEIVED.

DEPARTMENT OF FOOD AND AGRICULTURE PLANT HEALTH AND PEST PREVENTION SERVICES 1220 N STREET, ROOM A-316 SACRAMENTO, CALIFORNIA 95814		SECTION A TO BE COMPLETED BY APPLICANT			
APPLICATION AND PERMIT TO MOVE AND USE LIVE PLANT PESTS OR INSECTS OR NOXIOUS WEEDS		1. NAME AND ADDRESS (Include Zip Code) <i>Dale M. Woods</i> <i>Calif. Dept Food & Agriculture</i> <i>3288 Mendocino Rd</i> <i>Sacramento CA 95833</i>			
3. TYPE OF ORGANISM <input type="checkbox"/> Arthropod <input checked="" type="checkbox"/> Pathogen <input type="checkbox"/> Noxious Weed		2. TELEPHONE NUMBER/FAX NUMBER/EMAIL <i>916-262-2043</i> <i>dwoods@cdfa.ca.gov</i>			
4. SCIENTIFIC AND COMMON NAMES OF ORGANISMS <i>Puccinia jaceae var solid. t. et. s.</i> <i>yellow starthistle rust</i>	CLASSIFICATION (Order, Family, etc.) <i>Basidiomycetes</i>	LIFE STAGES <i>uredospores</i>	NUMBER OF SPECIMENS	MOVED OR SHIPPED FROM <i>Sacramento CA</i>	WHAT HOST MATERIAL WILL ACCOMPANY PEST? <i>None</i>
5. ADDRESS OF USE LOCATION IF DIFFERENT THAN ITEM 1. <i>Field release yellowstarthistle rust - all CA counties</i>		6. NAME AND ADDRESS OF SUPPLIER <i>D. Woods (above)</i> <i>currently propagating and storing rust spores</i>		7. DESTINATION COUNTY <i>all CA counties</i>	
8. APPROXIMATE DATE OF MOVEMENT <i>April and May</i>	9. NUMBER OF SHIPMENTS <i>25 in year 2004</i>	10. METHOD OF SHIPMENT <input type="checkbox"/> Mail <input type="checkbox"/> Freight <input type="checkbox"/> Baggage <input checked="" type="checkbox"/> Auto			
11. INTENDED USE (Be specific; state whether use will be in a laboratory and/or greenhouse and/or in the field, and, in the case of pathogens, state whether use will include plant inoculation.) <i>Currently propagating rust - Intend to transport to county agriculture department selected release sites, inoculated in dew tent, monitor establishment and spread.</i>					
12. METHODS TO BE USED TO PREVENT ESCAPE OF THE ORGANISMS <i>Carried in sealed vials</i>			13. METHOD OF FINAL DISPOSITION <i>Field release</i>		
14. I/We agree to comply with the conditions printed on the reverse of this form, and understand that the permit is subject to other conditions which may be prescribed.		SIGNATURE OF APPLICANT 		DATE <i>3-12-04</i>	

SECTION B - TO BE COMPLETED BY STATE OFFICIAL	
PERMIT <small>(Permit not valid unless signed by an authorized official of Plant Health and Pest Prevention Services Division)</small>	PERMIT NUMBER

Under authority of Section 6305 of the Food and Agricultural code, permission is hereby granted to the applicant named above to move and use the organisms described, except as deleted, subject to the conditions stated on, or attached to, this application. (See standard conditions on reverse side.)

VIOLATION OF ANY OF THE CONDITIONS OF THIS PERMIT SHALL BE SUFFICIENT CAUSE FOR ITS IMMEDIATE REVOCATION.

15. SIGNATURE OF STATE OFFICIAL	16. DATE ISSUED	17. EXPIRATION DATE
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Attachments may accompany application if space on application is insufficient.
 FORM 66-026 (9/01)
 Plant Health and Pest Prevention Services

Copy to: County Agricultural Commissioner
 Pest Exclusion Area Biologist
 Plant Pest Diagnostics Branch
 Supplier
 File