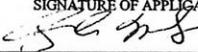


NO PERMIT WILL BE ISSUED TO MOVE AND USE LIVE INSECTS OR PLANT PESTS OR NOXIOUS WEEDS UNTIL A COMPLETED APPLICATION IS RECEIVED.

| | | | | | |
|---|---|---|---|---|--|
| 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 | PERMIT NUMBER |
| (Permit not valid unless signed by an authorized official of Plant Health and Pest Prevention Services Division) | |

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 |
|---------------------------------|-----------------|---------------------|

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

MAR 18 2004

| | | | | |
|---|--|--|--|--|
| State of California Department of Pesticide Regulation Pesticide Registration Branch | | Pesticide Research Authorization | | DPR Use Only 403045 <i>Amended 4/2/04 DK</i> |
| Researcher | <i>Dale M. Woods</i> | | Telephone No. <i>916-262-2043</i> | |
| Firm Name | <i>California Dept Food + Agriculture - Biocontrol Program</i> | |  Type or print this information for use as a mailing label. | |
| Address | <i>3288 Meadowsview Rd</i> | | | |
| City, State, Zip | <i>Sacramento CA 95832</i> | | | |
| Pesticide | | Maximum Rate of A.I. (per acre or other units) | U.S. EPA Registration No. (if any) | |
| 1. <i>Puccinia jaceae var. subditilis</i> | | <i>200 mg species per meter² = 800g per acre</i> | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| Type of Pesticide | <input type="checkbox"/> Insecticide/Acaricide | <input checked="" type="checkbox"/> Herbicide | <input type="checkbox"/> Desiccant/Defoliant | <input type="checkbox"/> Nematicide |
| | <input type="checkbox"/> Spray Adjuvant | <input type="checkbox"/> Fungicide | <input type="checkbox"/> Plant Growth Regulator | <input checked="" type="checkbox"/> Other: <i>Weed biocontrol</i> |
| Commodity or Site to be Treated | | Size of each Trial | Number of Trials | Total Area |
| 1. <i>Yellow starthistle - Centaurea solstitialis</i> | | <i>500 m² 100 square meters</i> | <i>6 30</i> | <i>600 30 m² 600 square meters</i> |
| 2. | | Method of Application | <input type="checkbox"/> Aerial <input type="checkbox"/> Ground | <input checked="" type="checkbox"/> Handheld <input type="checkbox"/> Other |
| 3. | | Type of Data Sought: <i>infection rate, spore bioassay survival</i> | | |
| 4. | | Disposition of Treated Commodity: (See instructions if not crop destruct) <i>None - No crop</i> | | |
| 5. | | | | |
| Stage of Growth: <input type="checkbox"/> Preplant <input checked="" type="checkbox"/> Growing Season (All Stages) <input type="checkbox"/> Post Harvest <input type="checkbox"/> Dormant <input type="checkbox"/> Other | | Starting Date (first application) | Last Application Date | Trial Completion (crop harvest/destroy) |
| | | <i>March 29 2004</i> | <i>July 15 2004</i> | <i>Oct 1 2004</i> |
| Signature of Responsible Researcher <i>[Signature]</i> | | Title <i>Associate Environmental Research Scientist</i> | Date <i>3-19-04</i> | |

DPR Use Only - Below This Line

Conditions: This authorization is approved for use statewide and expires on the completion date shown above unless otherwise specified.

- A Treated commodity may be harvested.
- B Non-Crop - No harvestable food/feed crop is involved.
- C Treated commodity must be destroyed or used for research purposes only.
- D Other:

| | | | | |
|----------|------------------------|---------------------------|------|----------------|
| Approval | <i>Dore E. Koehler</i> | <i>Plant Physiologist</i> | Date | <i>3/18/04</i> |
|----------|------------------------|---------------------------|------|----------------|

| | | | | | | | |
|--|---|---|---|---|----------------------------------|------------------------------|--|
| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE BIOLOGICAL ASSESSMENT AND TAXONOMIC SUPPORT RIVERDALE, MARYLAND 20737 APPLICATION AND PERMIT TO MOVE LIVE PLANT PESTS OR NOXIOUS WEEDS | | SECTION A - TO BE COMPLETED BY THE APPLICANT | | | | | |
| 3. TYPE OF PEST TO BE MOVED <input checked="" type="checkbox"/> Pathogens <input type="checkbox"/> Arthropods <input type="checkbox"/> Noxious Weeds <input type="checkbox"/> Other (Specify): _____ | | 1. NAME, TITLE, AND ADDRESS (Include Zip Code) Dr Dale W. Woods for Dr. Michael J. Peterson Calif. Dept Food + Agriculture 3288 Meadowview Rd Sacramento CA 95832 | | | | | |
| This permit does not authorize the introduction, importation, interstate movement, or release into the environment of any genetically engineered organisms or products. | | 2. TELEPHONE NO. (916) 262-2043 916-262-2059 fax | | | | | |
| A. SCIENTIFIC NAMES OF PESTS TO BE MOVED | B. CLASSIFICATION (Orders, Families, Races, or Strains) | C. LIFE STAGES IF APPLICABLE | D. NO. OF SPECIMENS OR UNITS | E. SHIPPED FROM (Country or State) | F. ARE PESTS ESTABLISHED IN U.S. | G. MAJOR HOST(S) OF THE PEST | |
| 4. <i>Puccinia jaceae</i> var <i>subtilis</i> | Uredinales | urediniospores | 1kg | Newland | No | <i>Centaurea subtilis</i> | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. WHAT HOST MATERIAL OR SUBSTITUTES WILL ACCOMPANY WHICH PESTS (Indicate by line number) None | | | | | | | |
| 8. DESTINATION Napa, Placer, Sonoma, Shasta Counties | | 9. PORT OF ARRIVAL Sacramento CA | | 10. APPROXIMATE DATE OF ARRIVAL OR INTERSTATE MOVEMENT March 2001? | | | |
| 11. NO. OF SHIPMENTS 10 | 12. SUPPLIER Dr. Willem Bruckart USDA-ARS | | 13. METHOD OF SHIPMENT <input checked="" type="checkbox"/> Air Mail <input type="checkbox"/> Air Freight <input checked="" type="checkbox"/> Baggage <input type="checkbox"/> Auto | | | | |
| 14. INTENDED USE (Be specific, attach outline of intended research) Field release of classical biological control agent on yellow starthistle - - reference - complete proposal for field release | | | | | | | |
| 15. METHODS TO BE USED TO PREVENT PLANT PEST ESCAPE None | | | 16. METHOD OF FINAL DISPOSITION Field release | | | | |
| 17. Applicant must be a resident of the U.S.A. I/We agree to comply with the safeguards printed on the reverse of this form, and understand that a permit may be subject to other conditions specified in Sections B and C. | | | | SIGNATURE OF APPLICANT (Must be person named in item 1) | | 18. DATE 5-30-2000 | |

| | | | |
|--|--|--|-------------------------|
| SECTION B - TO BE COMPLETED BY STATE OFFICIAL | | | |
| 19. RECOMMENDATION <input checked="" type="checkbox"/> Concur (Approve) <input type="checkbox"/> Comments (Disapprove) <input type="checkbox"/> (Accept USDA Decision) | | 20. CONDITIONS RECOMMENDED Permittee shall notify the Office of the Sacramento County Agricultural Commissioner (916) 875-6603 arrival of shipments. Napa, Placer, Sonoma and Shasta Counties to be notified prior to transfer of material. | |
| 21. SIGNATURE AND TITLE Barbara J. Hass | | 22. TITLE Special Assistant | 23. STATE California |
| | | | 24. DATE 6/5/00 |

| | |
|---|----------------------|
| SECTION C - TO BE COMPLETED BY FEDERAL OFFICIAL | |
| PERMIT CDFA No. 34-04-00 | 25. PERMIT NO. 47497 |

(Permit not valid unless signed by an authorized official of the Animal and Plant Health Inspection Service)

Under authority of the Federal Plant Pest Act of May 23, 1957 or the Federal Noxious Weed Act of 1974, permission is hereby granted to the applicant named above to move the pests described, except as deleted, subject to the conditions stated on, or attached to this application. (See standard conditions on reverse side).

SUBJECT TO THE ATTACHED CONDITIONS

*For exotic plant pathogens, attach a completed PPQ form 526-1.

CC: CAKSPHD

| | | | | |
|---|--------------------|------------------------|-----------------------------|------------------------|
| 24. SIGNATURE OF PLANT PROTECTION AND QUARANTINE OFFICIAL Charles Dawson | 25. DATE 4-8-03 | 26. LABELS ISSUED — | 27. VALID UNTIL 12-31-04 | 28. PEST CATEGORY A |
|---|--------------------|------------------------|-----------------------------|------------------------|



United States
Department of
Agriculture

Animal and
Plant Health
Inspection Service

4700 River Road
Riverdale, MD 20737

PPQ FORM 526 - SECTION C

Page 1 of 2

(Permit not valid unless signed by an authorizing official of the Animal and Plant Health Inspection Service)

Under authority of the Federal Plant Pest Act of May 23, 1957 or the Federal Noxious Weed Act of 1974, permission is hereby granted to the applicant named to move the described pests, subject to the following:

PERMITTEE NAME: Dale Woods

PERMIT NUMBER: 47497

PERMIT CONDITIONS

Standard Safeguards

1. All pests must be shipped in sturdy, escape-proof containers.
2. Upon receipt of pests, all packing material media, substrate, soil and shipping containers shall be sterilized or destroyed immediately after removing pests.
3. Pests shall be kept only within the laboratory or designated area at the permittee's address.
4. No living pests kept under this permit shall be removed from confined area except by prior approval from State and Federal regulatory officials.
5. Without prior notice and during reasonable hours, authorized PPQ and State regulatory officials shall be allowed to inspect the conditions under which the pests are kept.
6. All pests kept under this permit shall be destroyed at the completion of the intended use, and not later than the expiration date, unless an extension is granted by this issuing office.
7. All necessary precautions must be taken to prevent escape of pests. In the event of an escape, notify this office.

Additional Conditions

Permittee shall notify the Office of the Sacramento County Agricultural Commissioner upon arrival of shipments (916) 875-6603. Napa, Placer, Sonoma, and Shasta Counties will be notified prior to transfer of the biocontrol fungus.

This permit authorizes the interstate movement of the exotic fungus *Puccinia jaceae* var. *solstitialis* from Ft. Detrick, MD to Dr. Dale Woods Sacramento, CA for field release in Napa, Placer, Sonoma, and Shasta Counties, California only. Authorization is limited to spore stage of fungus only.

This permit does not relieve the applicant of the responsibility for complying with other Federal or State requirements (e.g., Environmental Protection Agency, U.S. Fish and Wildlife [Form 3-177], etc.).

Subject to Section A and the attached standard safeguards.

The permittee must adhere to all protocols, procedures, and mitigations specified during the review process by the Technical Advisory Group, the US Fish and Wildlife Service, and those set forth in the environmental assessment (EA) prepared for this PPQ form 526 permit. The EA and FONSI are attached to this permit. The EA title is "Field Release of a Rust Fungus, *Puccinia jaceae* var. *solstitialis* (Uredinales), for Biological Control of Yellow Starthistle, *Centaurea solstitialis* (Asteraceae) Environmental Assessment September, 2002"

All fungal spores will be packed in sterile vials of glass or plastic (as applicable), these vials will be packed in 5 mil double plastic bags, including packing material to prevent damage to the vials. These plastic bags will be transported in a sturdy, sealed leak-proof cardboard or metal box.

All boxes and packing material used to transport this fungus will be placed in biohazard bags and autoclaved prior to disposal.

While in storage, all these fungal cultures will be kept locked, with access limited to authorized personnel.

There is to be no further distribution of this fungus, other than to the aforementioned CA Counties, without prior approval from State and Federal regulatory officials.

You must keep your permit valid for the duration that these fungal cultures are in your possession.

Failure to comply with these conditions may result in the immediate revocation of this and all current permits and the denial of future permits under the Federal Plant Protection Act, 2000. Monetary fines are possible up to \$10,000.00 or 5 years in jail or both.

THIS PERMIT AUTHORIZATION IS AMENDED FOR THE FOLLOWING CONDITIONS:

The field release in California is expanded to include other counties as requested by Dr. Dale Woods. There is a note for the applicant from the US Fish and Wildlife Service (USFWS) that Dr. Woods should consider when selecting release locations. The USFWS had some minor concerns about native thistles in the coastal zone of San Luis Obispo County. CA County Agricultural Commissioners will be notified upon arrival of shipments for release. Authorization is limited to spore stage of fungus only. All other permit conditions remain in effect.



United States
Department of
Agriculture

Animal and
Plant Health
Inspection Service

4700 River Road
Riverdale, MD 20737

PPQ FORM 526 - SECTION C

Page 2 of 2

(Permit not valid unless signed by an authorizing official of the Animal and Plant Health Inspection Service)

Under authority of the Federal Plant Pest Act of May 23, 1957 or the Federal Noxious Weed Act of 1974, permission is hereby granted to the applicant named to move the described pests, subject to the following:

PERMITTEE NAME: Dale Woods

PERMIT NUMBER: 47497

PERMIT CONDITIONS (continued)

<End of Conditions>

TO BE COMPLETED BY FEDERAL OFFICIAL

| SIGNATURE OF PLANT PROTECTION AND QUARANTINE OFFICIAL | DATE |
|---|--------|
| <i>Charles Dixon</i> | 4-3-04 |



APHIS - Protecting American Agriculture



United States
Department of
Agriculture

Stephen S. Brown
CDFA Plant Health and Pest Prevention Services,
Permits and Regulations
1220 N Street, Room A-316
Sacramento, CA 95814
(916) 854-0317

New Permit MCS
Renewal _____
Amendment X

Animal and Plant
Health Inspection
Service

Plant Protection
and Quarantine

USDA APHIS
Headquarters
700 River Rd.
Room 133
Riverdale, MD
20737

Dear State Plant Regulatory Official:

Enclosed is the Application/Permit No. 47497 for your review. The application was evaluated by USDA's Pest Permit Evaluation Specialists and the Federal Permit Conditions are attached. Please respond to this office (by email or facsimile) within 20 working days of receipt of this letter. If we do not receive your response on or before 4-20-04, the Federal permit will be issued. Extensions will be granted only under extraordinary circumstances.

Sincerely,

Gwendolyn L. Burnett
Regulatory Permit Specialist
Telephone: (301) 734-7211
Facsimile: (301) 734-5860
Email: Gwendolyn.L.Burnett@usda.gov

Applicant Woods
Application No. 47497

Please check the appropriate box below, include attachments and return to the address above. Do not complete Section B on the PPQ Form 526.

State concurs with APHIS evaluation

State concurs with APHIS determination provided the permit includes the additional State attachments:

SEE ATTACHED LETTER

State DOES NOT CONCUR and offers the following reasons:

Print Name (SPRO): Stephen S. Brown

Signature (SPRO):

03/24/04

Date

California

State



APHIS Protecting American Agriculture

Equal Opportunity Employer

STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF FOOD AND AGRICULTURE

A.G. KAWAMURA, Secretary

1220 N Street, Room A-316
Sacramento, CA 95814
Phone: (916) 654-1017
Fax: (916) 654-1018



March 24, 2004

Ms. Deborah M. Knott
Branch Chief
Permits Services
USDA, APHIS
4700 River Road, Unit 133
Riverdale, Maryland 20737-1236

In Re: Application No. 47497
Applicant: Dr. Dale M. Woods

Dear Ms. Knott:

We have no objection to the amendment of the above-referenced plant pest permit, provided, that the following amendment to the conditions are included:

The first of the additional conditions should be amended to read:

Permittee shall notify the Office of the Sacramento County Agricultural Commissioner upon arrival of shipments (916) 875-6603. ~~Napa, Placer, Sonoma, and Shasta Counties~~ Each county agricultural commissioner where the biocontrol fungus will be released will be notified prior to transfer of the biocontrol fungus.

Thank you for the opportunity to comment on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen S. Brown".

Stephen S. Brown
Special Assistant
Permits and Regulations
Plant Health and Pest Prevention Services

CDFA No. 34-04-00