

**APPLICATION FOR PHYTOSANITARY
FIELD INSPECTION OF SEED**

66-085 (Rev. 3/21)

**STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
PEST EXCLUSION BRANCH**

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| | Check if requesting extra diseases / pathogens for inspection. See item 4. |
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| APPLICANT (COMPANY) | | ADDRESS | | |
| KIND OF SEED | VARIETY STATED* | NO. OF ACRES | APPROX. PLANTING DATE | APPROX. HARVEST DATE |
| GROWER | | PESTICIDE PERMIT NUMBER** | | SITE ID** |
| COUNTRIES OF EXPORT | | FIELD LOCATION (Section, Range, Township)** | | COUNTY WHERE GROWN |

*The variety of seed is not determined by this field inspection.

**Information can be supplied from the grower's Restricted Material Permit or Operator Identification

SUBMIT A CLEAR, LEGIBLE AND ACCURATE MAP LOCATING THE SEED FIELD WITH THIS APPLICATION.

COST OF INSPECTION AND DIAGNOSTIC TESTS TO BE BORNE BY APPLICANT.

Section 3.3 of the County Pest Exclusion Procedural Training Manual (CPEPTM) outlines the program for phytosanitary field inspection of seed (PFIS). The PFIS lists of targeted pathogens for each crop is online at:

<http://phpps.cdfa.ca.gov/PE/InteriorExclusion/pdf/CropsDiseases&Inspections.pdf>

SUMMARY OF APPLICANT'S RESPONSIBILITIES

1. The applicant shall submit the application ("Application for Phytosanitary Field Inspection of Seed", Form 66-085) and a map locating the seed field to the Pest Exclusion Branch prior to or at time of planting.
2. Applicants should **submit the original and two copies** of the application and map to:
California Department of Food and Agriculture
PEST EXCLUSION BRANCH
1220 N Street
Sacramento, CA 95814

A copy of the application with the assigned PQ number will be returned to the applicant.

3. Upon receiving the copy of the application, the applicant shall identify each field or plot to be inspected with a suitable stake or placard bearing the PQ number assigned by Pest Exclusion. This PQ number shall be maintained during the growing season.
4. If there are diseases of concern not listed in the CPEPTM, the applicant must submit a copy of the import permit or regulations from the importing country verifying that inspection for or freedom from the disease is an official request from the regulatory agency of the importing country.
5. Communication must be maintained with the County Agricultural Commissioner (CAC) prior to submitting the application throughout the growing season and up through harvest. The applicant shall work closely with the CAC and with the grower regarding harvesting, seed separation and pesticides. The grower or the seed company representative shall contact the CAC and schedule dates for inspection. A field cannot be inspected if it is being irrigated, if entry is prohibited because of pesticide treatments or there are other factors that may cause hazardous conditions for inspectors. All problems relating to field inspection must be resolved by communications between the applicant and the CAC.

SEED MOVEMENT REQUIREMENTS

1. The grower or seed company representative must notify the CAC of the day seed will be harvested and provide the weight of seed harvested (wet or dry) as soon as is available.
2. The seed company representative must also notify the CAC at origin and destination when seed is moved to a new location. If the seed is destined to another county, the origin CAC will notify the destination CAC using Certificate of Phytosanitary Field Inspection of Seed, Form 66-086.
3. All bins or other containers of harvested seed or seed-bearing fruit must be marked with the PQ number.
4. The PQ number must also be attached to each container of field-inspected, conditioned seed.
5. Records of field-inspected seed will be kept for three years by the CAC in the county where the seed is being stored. If there is a need to maintain records on a specific lot for a longer period of time, the seed company representative will contact the CAC.

FAILURE TO COMPLY WITH THE ABOVE CONDITIONS MAY RESULT IN THE LOSS OF IDENTITY OF THE SEED AND/OR THE INABILITY OF THE COUNTY AGRICULTURAL COMMISSIONER TO ISSUE A PHYTOSANITARY CERTIFICATE.

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| NAME (TYPE OR PRINT) | | SIGNATURE OF SEED COMPANY OFFICIAL | | DATE |
| TELEPHONE | FAX | | EMAIL | |
| FIELD CONTACT NAME: | | PHONE NUMBER: | | |