Application for registration of blocks under the Hemlock Woolly Adelgid Nursery Program

Name of Nursery:	Telephone: Facsimile: Email address:
Grower's Name: _____ Mailing Address: _____ _____ Physical Location:_____ _____ _____	

__ (Y/N) Local map clearly indicating where the area(s) of land are situated is enclosed.
__ (Y/N) If plants are currently established on the land; genus, species and variety, and a planting plan are enclosed. Use attachment.

I _____ (printed name) the person in whose favor this application for registration is being submitted, hereby acknowledge that I have read and understood all of the stated conditions and obligations by which plants cultivated on the land described herein may be certified by the USDA APHIS PPQ in accordance with the Canadian Food Inspection Agency Plant Health Division Directive D-07-05. Further, I am and shall be responsible for and shall attach no liability to the United States Department of Agriculture or to any officer or representative of the Department , from and against all manner and actions, causes of actions, claims, demands, loss, cost or other proceedings by whomsoever made , sustained , brought or prosecuted in a manner based upon, caused by arising out of attributed to or with respect to any failure, inadvertent or otherwise, by act or omission, to fully comply with said conditions and requirements.

Dated _____ at _____ State of _____

Applicant's Signature _____

For USDA APHIS PPQ Office Use Only	Date of receipt of Application:

___ (Y/N) If there are conditions which mitigate against registration as a block, please specify:

___ (Y/N) Registration approved
and assigned the following registration number: _____

For the USDA APHIS PPQ	Date