



STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 PLANT HEALTH AND PEST PREVENTION SERVICES
 PEST EXCLUSION BRANCH

NOTICE OF REJECTION

Form 66-071 (5/2002)

TIME IN	DATE IN	I.D. NUMBER
TIME OUT	DATE OUT	PDR NUMBER
SHIPMENT <input type="checkbox"/> ENTIRE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PORTION <input type="checkbox"/> E-COMMERCE		MATERIAL RECEIVED VIA
		VEHICLE LICENSE NUMBER

MATERIAL REJECTED AND QUANTITY

QUANTITY:

ORIGIN OF MATERIAL (GROWN IN)

1:

REASON FOR REJECTION AND COMMENTS

SHIPPER (NAME AND ADDRESS)		PHONE:
		FAX:
RECEIVER (NAME AND ADDRESS)		PHONE:
		FAX:
CARRIER (NAME AND ADDRESS)	DRIVER:	DESTINATION COUNTY:
	DRIVER LICENSE:	BIRTHDATE:

<p>*** NOTICE TO SHIPPER ***</p> <p>MATERIAL WILL BE DISPOSED OF UNLESS AT YOUR OPTION, EXPENSE, AND RISK AGREE TO:</p> <p><input type="checkbox"/> RETURN TO SHIPPER</p> <p><input type="checkbox"/> SHIP OUT OF STATE</p> <p><input type="checkbox"/> AUTHORIZE TREATMENT</p> <p><input type="checkbox"/> OBTAIN NECESSARY CERTIFICATE OR PERMIT</p> <p><input type="checkbox"/> OTHER</p>	STATE PLANT QUARANTINE OFFICER	<p>COPIES TO:</p> <p><input type="checkbox"/> SHIPPER</p> <p><input type="checkbox"/> RECEIVER</p> <p><input type="checkbox"/> CARRIER</p> <p><input type="checkbox"/> FILE</p> <p><input type="checkbox"/> AG. COMM. AT DESTINATION</p> <p><input type="checkbox"/> AG. OFFICIAL - SHIPPING ORIGIN</p> <p><input type="checkbox"/> CDFA</p>
	ADDRESS	
	TELEPHONE FAX	
	BORDER STATION COUNTY	

"WHY WAS THIS MATERIAL REJECTED?" PESTS NOT ALREADY PRESENT IN CALIFORNIA CAN ADD GREATLY TO THE PRICE YOU ARE NOW PAYING FOR YOUR FOOD. HELP US TO HELP YOU BY KEEPING UNWANTED PESTS OUT OF CALIFORNIA.

DRIVER'S SIGNATURE: 	, AGREE TO COMPLY WITH ALL TERMS OF THIS REJECTION.	DATE:
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Final Disposition: