Form CEPP-7

COMMONWEALTH OF PUERTO RICO
DEPARTMENT OF AGRICULTURE
AREA OF SPECIALIZED SERVICE
PLANT QUARANTINE PROGRAMS
P.O. BOX 10163
SANTURCE, PUERTO RICO 00908

NURSERY REGISTRATION

1. Nursery name: _____

   Facility: Town _____ Barrio _____ Road _____ Km. _____

2. Nursery Owner: _____

   Mail Address: _____

   Telephone: _____ Fax _____

3. Size of farm: _____ Acres

   Area under cultivation _____ Acres

4. Type of nursery: Check one or more if applicable

   A. Ornamental _____
   B. Citrus _____
   C Other _____

5. Plant Material shipped: Check those used:

   A. Rooted _____
   B. Unrooted cuttings _____
   C. Potted _____
   D. Leaves _____
   E. Branches _____
   F. Other _____

6. Pest Control Methods By Type and Kind

   A. Insects _____
   B. Plant diseases _____
   C. Other plants pests _____

7. Plants under Cultivation

   _____

   _____

I agree to comply with all regulations pertaining to the inspection, soil sampling at any other practice performed by the Inspector in my nursery. I also agree that the Inspector will have the authority to enter my facilities during reasonable hours, and that I or my representative will comply with the conditions of quarantines and directives under Act 93, of June 5, 1973, as amended.

_____ Date

_____ Signature of Owner