



CHARLES H. BRONSON  
Commissioner

# Florida Department of Agriculture and Consumer Services

Division of Plant Industry

## APPLICATION AND PERMIT TO MOVE ORGANISMS REGULATED BY THE STATE OF FLORIDA

PERMIT NO. \_\_\_\_\_

VALID UNTIL \_\_\_\_\_

Section 581.083, F.S.

1911 S.W. 34<sup>th</sup> Street / P.O. Box 147100, Gainesville, FL 32614-7100 / (352) 372-3505/Fax (352) 334-0737

### THIS SECTION TO BE COMPLETED BY APPLICANT

1. Name, Title, and Address

Renewal of Permit? Yes or No *If yes, please indicate permit number*

2. Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ 3. Email Address \_\_\_\_\_

4. Type of Organisms to be Moved \_\_\_\_\_ Arthropods \_\_\_\_\_ Plant Pathogens \_\_\_\_\_ Nematodes \_\_\_\_\_ Noxious Weeds  
\_\_\_\_\_ Genetically Altered Organisms \_\_\_\_\_ Biological Control Agents \_\_\_\_\_ Other (Specify): \_\_\_\_\_

| Scientific Names of Organisms to be Moved | Classification (Order, Family, Other) | Life Stages | Number of Specimens or Units | Shipped From | In U.S. Yes/No | What Host Material will be Included | Approved (✓) |
|---|---------------------------------------|-------------|------------------------------|--------------|----------------|-------------------------------------|--------------|
| 5.  |                                       |             |                              |              |                |                                     |              |
| 6.  |                                       |             |                              |              |                |                                     |              |
| 7.  |                                       |             |                              |              |                |                                     |              |
| 8.  |                                       |             |                              |              |                |                                     |              |

9. Destination Movement \_\_\_\_\_ 10. Port of Arrival \_\_\_\_\_ 11. Approximate Date of Arrival or Interstate \_\_\_\_\_

|                               |                                     |   |
|-------------------------------|-------------------------------------|---|
| 12. Number of Shipments _____ | 13. Supplier - Name & Address _____ | 14. Method of Shipment<br>_____ Air _____ Air Freight _____ Auto<br>_____ Baggage _____ Other (Specify) _____ |
|-------------------------------|-------------------------------------|---|

15. Intended Use (Be specific) \_\_\_\_\_

|  |   |
|--|---|
| 16. Methods to be Used to Prevent Organisms Escape (Attach additional sheets if necessary) _____ | 17. Method of Final Disposition of Organisms and Host Material (Accompanying materials and containers?) _____ |
|--|---|

18. 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 below.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY STATE OFFICIAL

|   |                  |
|---|------------------|
| Status _____ Approved _____ Disapproved _____ | Conditions _____ |
| Signature _____                               |                  |
| Title _____                                   |                  |
| Date _____                                    |                  |

Under authority of Chapter 581.083, Florida Statutes (FS), and Rule Chapter 5B-57, Florida Administrative Code (FAC), permission is hereby granted to the applicant named above to move the organisms described, except as deleted, subject to the conditions stated on, or attached to, this application. This permit not valid unless signed by an official authorized representative of the department. Failure to comply with stipulations of this agreement may result in penalties as stipulated in Rule 5B-57.0010, FAC, and Section 581.211, FS.

DACS-08208, Revised 10/2003

## **STANDARDS AND SAFEGUARDS OF PERMIT**

1. All organisms must be shipped in sturdy, escape-proof containers.
2. Upon receipt, all packaging material and shipping containers shall be sterilized or destroyed immediately after removing organisms.
3. Organisms shall be kept only within the laboratory at the permittee's address.
4. No living organisms kept under this permit shall be removed from confined area except by prior approval from this office.
5. Without prior notice and during reasonable hours, authorized State regulatory officials shall be allowed to inspect the conditions under which the organisms are kept.
6. All organisms 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. In the event of an escape, notify this office.



# INSTRUCTIONS FOR FILLING OUT FORM DACS 08208

**PLEASE FILL OUT LEGIBLY** (type if possible).

- Box 1. Be sure to include both the business name and proprietor(s) name(s). Give complete address, including zip code. Please indicate whether you are renewing a permit. Please circle yes or no. If yes is circled, please indicate the permit number.
- Box 2. Include area code, and any extensions or alternate numbers.
- Box 3. Indicate your email address
- Box 4. Please indicate type of organism to be moved, e.g., Arthropods, Plant Pathogens, Nematodes, Noxious Weeds, Genetically altered organisms, Biological Control Agents, or other. Species sold in the pet or bait trades or placed on display should be marked as "Arthropods" or rarely "Other" (indicate what they are). If you are requesting a Plant Pathogen, then you must also fill out the "DACS-08214" form. If the species to be permitted is regulated by the US Department of Agriculture whether (arthropods, noxious weeds, nematodes or plant pathogens) you will also need to fill out the "PPQ 526" form.
- Box 5-8. **You are responsible for knowing the species you are handling!** Please provide the following information for each species:  
"Scientific Names of Organisms to be Moved" - give genus and species names.  
"Classification (Order, Family, Other)"- give the Order and Family names.  
"Life Stages" - indicate whether eggs, immatures or adults or other life stages:  
"Number of Specimens or Units" - indicate number imported.  
"Shipped from" - indicate location shipped from.  
"In U.S." - indicate if they already occur in the U.S.  
"What Host Material will be Included" - indicate what food or substrate will accompany them. If there isn't enough space on the DACS-08208 form to list all the species you want to import, then on lines 5, 6 and 7 type the first three species you wish to import, making sure to provide the biological information and shipping requested. Type on line 8: "See Attachment to DACS 08208." You may use as many attachments to a DACS 08208 as necessary.
- Box 9. City where specimens will be sold. If multiple localities, put "Various".
- Box 10. Port or location where specimens will arrive in U.S. If you are a breeder only, mark Boxes 10-12 "N/A" (Not Applicable).
- Box 11. Indicate when the specimens will arrive at port or destination. If multiple shipments, put "Various."
- Box 12. Indicate the number of shipments per year which will be received (estimate if the exact number is unknown).
- Box 13. Indicate all suppliers from whom you receive specimens. Give their names, business names, addresses, and telephone numbers. If you receive specimens from several suppliers, please list them on a separate sheet. If you breed exotic species, please indicate.
- Box 14. Indicate the method used to move specimens.
- Box 15. Indicate the intended use for specimens. The most common uses are: for sale, display, breeding, pet food, research or biological control.
- Box 16. Describe containers used to restrain specimens.
- Box 17. Indicate the final disposition of the specimens as it relates to your possession of the specimens. The most common dispositions are "To be sold," "Fed to other organisms," "Preserved," or "Destroyed."
- Box 18. Sign and date application.

**DO NOT WRITE ON BOTTOM OF FORM, FOR OFFICIAL USE ONLY**