ESTADO LIBRE ASOCIADO DE
PUERTO RICO
Departamento de Agricultura

AUXILIARY SECRETARY FOR AGRO-COMMERCIAL INTEGRITY AREA
PLANT PROGRAM QUARANTINE

NURSERY REGISTRATION

1. Nursery Name: _____

   Facility Town:_____ Bo._____ Road._____ Km._____

2. Nursery Owner: _____

   Mail Address: _____

   Telephone: _____ Fax:_____ Celular:_____ E-mail:_____

3. Size of Farm: _____(acres) Area under cultivation:_____(acres)

4. Type of Nursery (check one or more if applicable):

   A. ( ) Ornamentals B. ( ) Citrus C. ( ) Other

5. Plant Material Shipped: Check those used:

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

6. Pest control methods by type 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 9, of June 5, 1973, as amended.

_____ _____
Date Owner signature or Nursery Representative

_____
Review by

Ave. Fernández Juncos, Pda. 19 ½ Santurce.
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