



Florida Department of Agriculture and Consumer Services  
Division of Plant Industry

**NURSERY, STOCK DEALER AND SPECIAL INSPECTION REPORT**

**NICOLE "NIKKI" FRIED  
COMMISSIONER**

Section 581.031 (15)(a)(18), F.S. / Rule 5B-2.010, F.A.C.

1911 S.W. 34<sup>th</sup> St. / P.O. Box 147100, Gainesville, FL 32614-7100  
Phone: (352) 395-4700 / Fax (352) 395-4619

FOR DPS USE ONLY	
<input type="checkbox"/> NEW LOCATION	<input type="checkbox"/> CH RISK TO _____
<input type="checkbox"/> OB FIRM	<input type="checkbox"/> CH DPS TO _____
<input type="checkbox"/> OB LOCATION	<input type="checkbox"/> QUARANTINE
CHANGE/UPDATE: <input type="checkbox"/> NAME	
<input type="checkbox"/> MAILING ADDRESS <input type="checkbox"/> LOCATION	

DATE: \_\_\_\_\_

NURSERY ( ) STOCK DEALER ( )\*\* SPECIAL INSPECTION ( ) \_\_\_\_\_

\*\*STOCK DEALER INVENTORY OF 5000 OR MORE PLANTS ( ) GARDEN CENTER

REGISTRATION NUMBER: \_\_\_\_\_ BLOCK/OUTLET NUMBER: \_\_\_\_\_

NUMBER OF INSPECTIONS: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL LOCATION: \_\_\_\_\_

FORMERLY: \_\_\_\_\_

1.  Nursery stock passes inspection and meets certificate requirements.
2.  Nursery stock listed below was found infested or infected with plant pests needing immediate attention.

**INFESTED OR INFECTED NURSERY STOCK**

Name of Plant	Plant Pest	Location in Establishment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUARANTINE ACTION: <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUE <input type="checkbox"/> RELEASE <input type="checkbox"/> DESTROY <input type="checkbox"/> GRASS & WEED				
NUMBER OF PLANTS	ACRES	PLANT NAME	PEST	LOCATION OF QUARANTINED PLANTS IN NURSERY

3.  SPECIAL INSPECTIONS

OTHER THAN NURSERY STOCK	NUMBER OF PLANTS	NUMBER OF ACRES	NO. INSPECTIONS

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPORT RECEIVED BY: _____ (Owner, Manager, Person in Charge)  (Please Print)	PLANT PROTECTION SPECIALIST _____  (Division of Plant Industry District Office Phone # _____)	DISTRICT NUMBER _____
---	--	-----------------------