AUTHORIZATION FOR MOVEMENT OF GOODS UNDER STOP SALE ORDER

Date: ____________________________

The following described goods presently held under stop sale order per authority of ______________________ may be moved to the destination indicated below under the following conditions:

1. The Department authorized representative completes Section 1,
2. Dealer/Distributor completes Section 2,
3. Person/Corporation completes Section 3.

A copy of this order shall accompany these goods at all times, and these goods shall remain under Stop Sale Order and cannot be moved or disposed of except under the conditions specified below.

Feed ______  Fertilizer _______  Pesticide _______  Seed _______  Other _______

VIOLATION: Not Registered ☐  Short Weight ☐  Deficient Analysis ☐  Misbranded ☐  Adulterated ☐  Other ☐

1. THE DEPARTMENT’S AUTHORIZED REPRESENTATIVE completes this section. Forward original to Department of Agriculture and Consumer Services, Division of Agricultural Environmental Services; leave four copies with person in possession of stop-sale goods, with copy of stop sale order.

   Brand Name: ____________________________________________________________

   Manufacturer or Guarantor’s Name: __________________________________________

   Stop Sale Order Issued: (date)_________________________ at ____________________

   Address: __________________________________________________________________

   Official Sample No.: __________________________ Lot or Batch No.: ________________

   Remarks: __________________________________________________________________

   Signature of Person in Possession of Goods: _________________________________

2. DEALER/DISTRIBUTOR COMPLETES THIS SECTION. Forward top copy to Department of Agriculture and Consumer Services; retain one copy; two copies to accompany goods in transit along with copy of stop sale order.

   The goods identified above and on the attached stop sale order were transferred on (date)_________________________ to the possession of _______________________________ for return to: ____________________________

   Name: _____________________________________________________________________

   Address: __________________________________________________________________

   for the purpose and under the conditions specified on stop sale order.

   Signature of person receiving goods _________________________________________

   Signature of person transferring goods _________________________________________

3. MANUFACTURER/PROCESSOR (or other person having possession of goods) completes this section. Forward top copy to Department of Agriculture and Consumer Services; retain one copy.

   The goods identified above and on stop sale order were received (date)_________________________

   Anticipated disposition is as follows and will be on or about (date)__________________________

   ☐ Reweighed   ☐ Reformulated   ☐ Relabeled   ☐ Destroyed

   Other, (explain) _____________________________________________________________

   Specialist Signature _________________________________________________________

   Signature of Person Taking Possession of Goods _________________________________

No disposition is to be made of these goods until officially released by this Department.