


NO PERMIT WILL BE ISSUED TO MOVE AND USE LIVE INSECTS OR PLANT PESTS OR NOXIOUS WEEDS UNTIL A COMPLETED APPLICATION IS RECEIVED.

DEPARTMENT OF FOOD AND AGRICULTURE PLANT HEALTH AND PEST PREVENTION SERVICES 1220 N STREET, ROOM 210 SACRAMENTO, CALIFORNIA 95814			SECTION A TO BE COMPLETED BY APPLICANT		
APPLICATION AND PERMIT TO MOVE AND USE LIVE PLANT PESTS OR INSECTS OR NOXIOUS WEEDS (Attachments may accompany application if space is insufficient)			1. NAME AND ADDRESS (Include organization name and Zip Code) A & L Western Agricultural Laboratories, Inc. 1311 Woodland Ave. #1 Modesto, CA 95351 Attn: Robert Butterfield		
3. TYPE OF ORGANISM <input type="checkbox"/> Arthropod <input type="checkbox"/> Pathogen <input type="checkbox"/> Noxious Weed <input type="checkbox"/> Nematode			2. TELEPHONE NUMBER/FAX NUMBER/EMAIL 209-529-4080 / Fax 209-529-4736 / email rbutterf@al-labs-west.com		
4. SCIENTIFIC NAME OF ORGANISM  wine grape tissue	CLASSIFICATION (Order, Family, etc.)  leaves/petioles	LIFE STAGES	NUMBER OF SPECIMENS  40-50	MOVED OR SHIPPED FROM  various locations	WHAT HOST MATERIAL WILL ACCOMPANY PEST?
5. ADDRESS OF USE LOCATION IF DIFFERENT THAN ITEM 1. same		6. NAME AND ADDRESS OF SUPPLIER various			7. DESTINATION COUNTY Stanislaus County
8. APPROXIMATE DATE OF MOVEMENT	9. NUMBER OF SHIPMENTS	10. METHOD OF SHIPMENT <input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> Freight <input type="checkbox"/> Baggage <input checked="" type="checkbox"/> Auto			

11. INTENDED USE (Be specific; state whether use will be in a laboratory and/or greenhouse and/or in the field, and, in the case of pathogens, state whether use will include plant inoculation.)  
 Laboratory testing of plant tissue for nutrient content.

12. METHODS TO BE USED TO PREVENT ESCAPE OF THE ORGANISMS Samples stored in a secure area and excess material steam sterilized	13. METHOD OF FINAL DISPOSITION Steam sterilized after testing
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14. I/We agree to comply with the Standard Conditions of Permit, and understand that the permit is subject to other conditions which may be prescribed.

SIGNATURE OF APPLICANT:  DATE: 6/6/13

SECTION B - TO BE COMPLETED BY STATE OFFICIAL

PERMIT

(Permit not valid unless signed by an authorized official of Plant Health and Pest Prevention Services Division)

PERMIT NUMBER: 2767 Renewed

Under authority of Section 6305 of the Food and Agricultural code, permission is hereby granted to the applicant named above to move and use the organisms described, except as deleted, subject to the conditions stated on, or attached to, this application.

SEE APPENDIX A

VIOLATION OF ANY OF THE CONDITIONS OF THIS PERMIT SHALL BE SUFFICIENT CAUSE FOR ITS IMMEDIATE REVOCATION.

15. SIGNATURE OF STATE OFFICIAL 	16. DATE ISSUED June 14, 2013	17. EXPIRATION DATE June 30, 2015
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Copy to: County Agricultural Commissioner  
 Pest Exclusion  
 Plant Pest Diagnostics Center  
 Supplier  
 File