



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**STOP SALE, STOP USE, OR HOLD ORDER**

Sections 487.101, 576.111, 578.11, 578.12 and 580.111, F.S. and 5E-4.0041,  
F.A.C. Telephone: (850) 617-7996

**Respond to:**

Bureau of Inspection and  
Incident Response  
3125 Conner Boulevard, Suite N  
Tallahassee, FL 32399-1650

CASE NUMBER	NAME OF ARTICLE	DATE NOTIFIED	DATE DETAINED
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This Order is issued pursuant to the Department's authority in Chapter 487 ( ), 576 ( ), 578 ( ), 580 ( ), Florida Statutes, to:

Name: \_\_\_\_\_ Firm or Establishment Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

You are hereby ordered to withhold from sale, use, or movement, subject to further instructions from an authorized agent of the Department of Agriculture and Consumer Services, the items listed below. **WARNING: Removal or movement of the items listed in this order or the removal of the order attached to such items, without approval by an authorized agent of the Department, is punishable under the applicable state law.**

EPA Registration No. (if applicable)	Brand Name	Invoice		Lot No. or Other ID	No. & Size of Packages	Sample No.
		Number	Date			

Manufacturer Name & Mailing Address: \_\_\_\_\_

Distributor Name & Mailing Address: \_\_\_\_\_

Specific Reason(s) and Condition(s) for issuing this Order (use additional pages if necessary): \_\_\_\_\_

**ADMINISTRATIVE HEARING AVAILABLE**

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain: 1. your name, address, and telephone number, and facsimile number (if any). 2. The name, address, telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made. 3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing). 4. A statement of when (date) you received this Notice and the file number of this Notice. **Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice.** If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.

**HEARING WAIVER**

I, \_\_\_\_\_ the person in charge of \_\_\_\_\_ hereby waive my right to a hearing, as provided in Chapter 120, F.S., and waive all rights to contest this order and agree that the Department may enter a Final Order to conclude this matter.

(Signature) \_\_\_\_\_ (Address) \_\_\_\_\_  
(Date) \_\_\_\_\_

Release Notice (DACS - 13248) Issued:  Yes  No

Authorization of Movement Form (DACS - 13249) Issued:  Yes  No

Conditions for Release on Same Date (if any): \_\_\_\_\_

Name: \_\_\_\_\_

(Signature of DACS Representative)

Name: \_\_\_\_\_

(Signature of Management Official Acknowledging Receipt of a Copy of this Document)

\_\_\_\_\_  
(Please Print Name and Title)

\_\_\_\_\_  
(Please Print Name and Title)

WHITE - DEALER

CANARY - ATTACH TO GOODS

PINK - OFFICE

GOLD - SPECIALIST