



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

APPLICATION AND COMPLIANCE AGREEMENT TO
PROPAGATE CASUARINA CUNNINGHAMIANA

ADAM H. PUTNAM
COMMISSIONER

Section 581.091, F.S./Rule 5B-57.012, F.A.C.

P. O. Box 147100, Gainesville, FL 32614-7100 / (352) 395-4700

The purpose of this application is to allow approved nurseries to propagate from sexually mature male Casuarina cunninghamiana source trees for use as a windbreak around commercial citrus groves that are specifically authorized to plant such windbreaks under a special permit issued by the Department.

- 1. Nursery Name:
Nursery Registration Number:
Nursery Block Number where Casuarina cunninghamiana are to be grown:
Physical Address of Intended Growing Site:
T: R: S:
Mailing Address:
Telephone Number:
2. Name of Person Requesting Permit:
3. Quantity of Casuarina cunninghamiana Nursery Plans To Propagate In Twelve Months:
4. Is the purpose of this request to renew a previously issued permit? Yes( ) No( )
If yes, enter Permit #:

COMPLIANCE AGREEMENT:

The Applicant agrees to abide by all permit conditions. The Applicant further acknowledges that the permit is issued under a pilot program and that the Department may order the destruction, at Applicant's expense, of all Casuarina cunninghamiana trees propagated pursuant to this permit.

Applicant signature Date:

All Applications Must Be Submitted With The \$200.00 Permit Application Fee

Table with 2 columns: Permit #, Status: Approve, Disapprove, Signature of Division Director, Date. Includes a text box at the bottom with permit conditions.

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**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.