



TEXAS DEPARTMENT OF AGRICULTURE

TODD STAPLES, Commissioner

COMPLIANCE AGREEMENT FOR COMMERCIAL CITRUS FRUIT

Citrus Greening Quarantine

Name of Responsible Party: _____

Name of Business: _____

Mailing Address: _____

Physical Location Address: _____

Contact Person: _____ Phone No: _____ Email: _____

Purpose of agreement: Authorize and specify conditions for the movement of citrus fruit from a citrus greening quarantined area in accordance with the *USDA-APHIS Federal Order* and *Citrus Greening Quarantine*, as established by the *Texas Administrative Code, Title 4, Chapter 19, Subchapter X Citrus Greening Quarantine (4 TAC 19, Subchapter X)*.

BY SIGNING BELOW, THE RESPONSIBLE PARTY AGREES TO THE FOLLOWING CONDITIONS:

- I will abide by all conditions in the attached applicable to:
 Grower Harvester Transporter Packer Juice Plant
- I shall not hold the TDA or any of its employees liable for any potential damage as a result of compliance, with the quarantine and the compliance agreement.
- I understand that failure to comply with conditions in this compliance agreement will constitute a violation that may result in civil and administrative penalties. Additionally, this agreement may be cancelled immediately upon receipt of a written notice from either party.
- I agree to provide ready access to the location to authorized employees of TDA or the USDA during normal business hours.

I/we agree to hold the State of Texas and the Department of Agriculture or any of their agents or employees, free and harmless from any direct or consequential damages to quarantined articles, shippers, and to any other persons or entities, or from other liability arising out of my/our failure to comply with the terms of this agreement. The Compliance Agreement may be revoked for noncompliance or failure to provide adequate documentation to the department for verification of compliance or as determined by the department.

Signature: _____ Title: _____ Date: ____/____/____

Compliance Agreement No.: _____	Date of Issue: _____
TDA Official: _____	Title: _____
Official's Signature: _____	TDA Regional Office San Juan, TX

CONDITIONS ATTACHED TO THIS COMPLIANCE AGREEMENT AND INITIALED BY RESPONSIBLE PARTY:

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> #1 | <input type="checkbox"/> #3 | <input type="checkbox"/> #5 | <input type="checkbox"/> #6 | <input type="checkbox"/> #9 |
| <input type="checkbox"/> #2 | <input type="checkbox"/> #4 | <input type="checkbox"/> #6 | <input type="checkbox"/> #7 | <input type="checkbox"/> #10 |

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)