



# British Columbia Apple Maggot Program Annual Compliance Agreement and Application Form

## A. Contact Information

Production Facility (Nursery) Name: \_\_\_\_\_

Owner / Manager: \_\_\_\_\_

**(name of person signing this agreement)**

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email / Fax: \_\_\_\_\_

### Contact information of the person(s) responsible for providing records to the CFIA

Primary Contact: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

The facility is located in an apple maggot regulated area in British Columbia (B.C.) and seeks authorization from the CFIA to move potted host plants (*Malus* spp., *Crataegus* spp., *Prunus avium* and/or *P. cerasus* in soil-free growing media) into the apple maggot Pest Free Area (PFA) between November 1st and June 1st. The following options may be used [mark appropriate boxes]:

Option 1

Option 2

Option 3



## B. Facility requirements

The owner/manager of the facility must complete and sign this form and submit it to their local CFIA office along with the following written information:

1. Name and contact information of the person(s) responsible for implementing the B.C. Apple Maggot Program and obtaining a Movement Certificate for host plants destined to the PFA.
2. A brief description of the types of host plants that are expected to be shipped under the B.C. Apple Maggot Program, including: the genus/species/variety, age/size, source and approximate numbers.
3. Maps which show the location of the growing and holding areas for all regulated nursery stock and any permanent host plants growing on or adjacent to the property. Please identify where plants in the B.C. Apple Maggot Program and where newly sourced host plants will be held.
4. Facilities that have fruit-bearing host trees growing on their property must briefly describe their pest management program for apple maggot (e.g. chemical control, or bagging fruit/trees, or trapping to demonstrate that apple maggot is not present combined with disposal of fallen fruit), unless they are only shipping under Option 1.
5. Description of how host plants destined for the PFA are identified and segregated from other host material.
6. Evidence that an inventory system is in place that will track plants in the B.C. Apple Maggot Program.
7. Anticipated timelines for various activities, such as:
  - Sourcing new plants for the B.C. Apple Maggot Program (from other nurseries in B.C., from other provinces and from other countries)
  - Fruit removal
  - Plant digging/lifting
  - Soil removal
  - Potting must occur between November 1st and June 1st



The facility agrees to:

1. Maintain records documenting the activities listed above, including inspection reports provided by CFIA and to make these records available to the CFIA upon request.
2. Notify the CFIA when activities related to this program occur so the CFIA can verify them.
3. Contact the CFIA to request inspections to verify freedom from soil, fruit and apple maggot prior to potting the plants in soil-free growing media.
4. Provide the CFIA with an inventory of all host plants at the facility prior to the issuance of the first Movement Certificate for the B.C. Apple Maggot Program. Updated inventories must be provided to the CFIA upon request.
5. Request a Movement Certificate from the CFIA for each shipment of host plants shipped into the PFA.

**Failure to comply with any of the above requirements will result in the cancellation of the facility's approval status.**

### **C. Applicant statement**

I am the owner/manager and/or the legally authorized representative of the Production Facility (Nursery).

I have read, have understood and agree to comply with all the requirements outlined above and as set out in CFIA directive D-00-07.

I understand that the information I provide on this document is collected by the Canadian Food Inspection Agency (CFIA) under the authority of the Plant Protection Act for the purpose of approval to process regulated plants produced in an area regulated for apple maggot. In relation to this, I understand/acknowledge that my personal information collected by the CFIA under Plant Protection Export Programs will be dealt with under the provisions of the Privacy Act and will be stored in Personal Information Bank CFIA IPP 155 and this information may be accessible or protected as required under the provisions of the Access to Information Act. I also acknowledge that this information will be retained for a period of 10 years in accordance with the Agency's retention and disposition policies.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date



## D. Approval Statement from the CFIA

(to be completed by CFIA Regional Program Officer or Inspector)

The above production facility has been inspected and complies with all the requirements outlined in this agreement. The facility is approved to participate in the B.C. Apple Maggot Program.

Potted host plants that comply with requirements outlined in this agreement are eligible to move into the apple maggot PFA accompanied by a CFIA Movement Certificate between

\_\_\_\_\_ (date) and \_\_\_\_\_ (date).

Date of inspection: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Date**