



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

NICOLE "NIKKI" FRIED
COMMISSIONER

**REGISTRANT NOTIFICATION OF
STEWARDSHIP COMPLIANCE ACTION**

Rule 5E-2.0312, F.A.C.
Telephone: (850) 617-7996; Fax: (850) 617-7981

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd, Suite N,
Tallahassee, FL 32399-1650

Residential Fumigant:	<input type="checkbox"/> Vikane®	<input type="checkbox"/> Zythor®	<input type="checkbox"/> MasterFume®	Date:	
Registrant Name:					
Registrant Address:					
City		State:		Zip Code:	
Registrant Telephone #:		Email Address:			
Pursuant to Rule 5E-2.0312, F.A.C, the above registrant is notifying the department of a licensee who has had either a probation decision or a stop-sale decision due to a deficiency in a critical safety procedure while using a registrant's Residential Fumigant. This form shall be issued with each instance and satisfaction.					
Licensee Business Name:				License Number:	
Business Address:					
Business City:		State:		Zip Code:	
Licensee Phone #:		Email:			
Decision Type:	<input type="checkbox"/> Probation <input type="checkbox"/> Stop-Sale	Initiation Period:	(At Least) <input type="checkbox"/> Six Months <input type="checkbox"/> 1 year <input type="checkbox"/> Permanent		
Reasons for Action:					
Date Deficiencies Satisfied:		Person Authorizing Release:			
COMMENTS/ISSUES REGARDING THIS COMPLIANCE ACTION:					

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