
INSTRUCTIONS FOR COMPLETING PPQ FORM 575

1. Enter the work unit and work station name, for example, San Francisco, CA/Oakland, CA.

- 4A. Enter the number of certificates (PPQ 577) purchased at the commercial rate and the dollar amount collected and forwarded. This includes certificates individually purchased, blocks of certificates and those issued on contiguous reimbursable overtime.

- 4B. Enter the number of certificates (PPQ 577) purchased at the low value or non commercial rate and the dollar amount collected and forwarded. This includes certificates purchased individually and those issued on contiguous reimbursable overtime.
NOTE: No blocks of certificates may be pre-purchased at this rate.

- 4C. Enter the number of certificates (PPQ 578) purchased (always commercial rate) and the dollar amount collected and forwarded. This includes certificates individually purchased, blocks of certificates and those issued on contiguous reimbursable overtime.

- 4D. Enter the number of certificates (PPQ 579) purchased at the commercial rate and the dollar amount collected and forwarded. This includes certificates individually purchased, blocks of certificates and those issued on contiguous reimbursable overtime.

- 4E. Enter the number of certificates (PPQ 579) purchased at the commercial low value rate and the dollar amount collected and forwarded. This includes certificates purchased individually and those issued on contiguous reimbursable overtime.
NOTE: No blocks of certificates may be pre-purchased at this rate.

- 4F. Enter the number of certificates (PPQ 577, 578, 579) re-issued (federal supersedures) and the dollar amount collected and forwarded.

- 4G. Enter the number only of certificates (PPQ 577, 578, 579) re-issued (federal supersedures) receiving credit.

- 4H. Enter the number only of voided or unused certificates (PPQ 577, 578, 579) returned.

- 4I. Enter the number only of certificates (PPQ 577, 578, 579) issued on non contiguous reimbursable overtime.

- 4J. Enter the number of certificates (PPQ 577, 578, 579) issued (signed) by cooperators.

8. Use the remarks section when certificates are purchased at the \$50.00 rate but upon signature qualify for the \$23.00 rate. State the number of certificates originally sold at the \$50.00 rate and the number that qualified at the \$23.00 rate. Do not enter these figures in any other area.

NOTE: The shaded areas on PPQ Form 575 are not to be completed.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE

MONTHLY SUMMARY OF EXPORT CERTIFICATES ISSUED

1. WORK UNIT NAME AND STATION NAME	2. REGION		
	3. MONTH AND YEAR		
4. TYPE OF CERTIFICATE	NUMBER		DOLLAR AMOUNT COLLECTED AND FORWARDED TO ASD
	PURCHASED	ISSUED	
A. Commercial Phytosanitary Certificates invoiced valued at or greater than \$1,250 (PPQ Form 577)			\$
B. All Non-commercial & Commercial Phytosanitary Certificates invoiced valued less than \$1,250 (PPQ Form 577)			\$
C. Export Certificate, Processed Plant Products (PPQ Form 578)			\$
D. Commercial Phytosanitary Certificates for Re-export (PPQ Form 579)			\$
E. Commercial Phytosanitary Certificates for Re-export invoiced valued at less than \$1,250 (PPQ Form 579)			\$
F. Re-issued Certificates (Non-prepaid)			\$
G. Re-issued Certificates (Prepaid)			
H. Number of Voided or Unused Certificates			
I. Number of Certificates Issued under Non Contiguous Reimbursable Overtime			
J. Number of State and County Issued Certificates			
PPQ Form 577 _____			
PPQ Form 578 _____			
PPQ Form 579 _____			

CERTIFICATION

I certify that the foregoing Export Certificates were purchased or issued during the month of _____ and all monies collected were forwarded to MRP Business Services, ASD, Minneapolis.

5. SIGNATURE	6. PRINT NAME AND TITLE (PD or Designee)	7. DATE
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8. REMARKS

NEGATIVE REPORT

I certify that the foregoing Export Certificates were purchased or issued during the month of _____ and all monies collected from previous certificates have been forwarded to MRP Business Services, ASD, Minneapolis.

9. SIGNATURE	10. PRINT NAME AND TITLE (PD or Designee)	11. DATE
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