SIGNATURE

INSPECTION	
Date:	Time:
Address/Location:	Time.
INSPECTOR	
Name:	Department:
Title:	Phone:
CONVEYANCE-Vessel	T Hone.
CF #: HIN #:	Engine Type:
Make: Model:	Trailer License Plate:
OR OTHER (Describe, including all unique identifiers)	
	1
ORIGIN	DESTINATION
City: State:	Address:
Waterbody:	City: State:
PERSON IN POSSESSION OF CONVEYANCE AT TIM	IE OF QUARANTINE
Name:	Phone:
Address:	Tow Vehicle's License Plate:
City: State:	CalTrans Permit # (If applicable):
CONVEYANCE OWNER (If different than person in possess	, ,,
Name:	Phone:
Address:	
City: State:	
QUARANTINE	
Reason (Include number of mussels and location, if appli	licable):
Seal(s) # (Include all if multiple seals are used):	
LOCATION QUARANTINED CONVEYANCE WILL BE	TRANSPORTED TO AND HELD UNTIL RELEASE
Address:	County:
City: State:	·
DEPARTMENT OF FISH AND WILDLIFE CONTACT	
Name:	Phone:
	ish and Game Code section 2301 and California Code of Regulations, title tment, or other state agency granted quarantine authority, to have the
potential to spread dreissenid mussels. Failure to comply with this quarantine is subject to an administrative penalty of up to \$1,000.	
This conveyance must be transported directly to the quarantine location identified above and remain out of water until released from quarantine by the department. Seal(s) affixed to this conveyance shall not be tampered with nor removed unless directed by department staff. It is the responsibility of the owner to contact the department to arrange for reinspection and release of this quarantine. Department contacts can be found on the Department's Quagga and Zebra Mussel Program webpage or by calling 866-440-9530.	
Drivers and agents note: This notice must remain with this conveyance and be given to the owner upon delivery.	
I,, HEREBY AGREE TO COMPLY WITH THE ABOVE INSTRUCTIONS AND ANY ADDITIONAL INSTRUCTIONS GIVEN BY THE ISSUING INSPECTOR.	

DATE