PHYTOSANITARY CERTIFICATE
APPLICATION/INFORMATION

1. Name and Address of Exporter: ________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Declared Name and Address of Consignee: ________________________
   ____________________________________________________________
   ____________________________________________________________

3. Name of Produce and Quantity Declared: ________________________
   ____________________________________________________________
   ____________________________________________________________

4. Number and Description of Packages_____________________________

5. Place or Origin:_________________________________________________

6. Botanical Name_________________________________________________

7. Declared Means of Conveyance:___________________________________

8. Distinguishing Marks____________________________________________

9. Declared Point of Entry_________________________________________

___________________________________________________________________________

TREATMENT

Date________________________________________Treatment____________________________________

Chemical (active ingredient)____________________________Concentration:____________________________

I certify that the chemicals listed above were applied in compliance with all pesticide labeling
requirements, including safety and disposal requirements.

Signature_________________________________________ date____________________________