

<u>APPLICATION FOR FEDERAL PHYTOSANITARY CERTIFICATE</u>	DATE INSPECTED:
TO: THE PLANT PROTECTION ORGANIZATION (S) OF:	

DISINFESTATION AND/OR TREATMENT

1. DATE:	2. TREATMENT
3. CHEMICAL (active ingredient)	4. DURATION AND TEMPERATURE
5. CONCENTRATION	6. ADDITIONAL INFORMATION

Treatment Applicator: _____	License No: _____
Expiration Date: _____	Signature: _____

DESCRIPTION OF THE CONSIGNMENT

7. NAME AND ADDRESS OF EXPORTER	8. DECLARED NAME AND ADDRESS OF THE CONSIGNEE
9. NAME OF PRODUCE AND QUANTITY DECLARED	10. BOTANICAL NAMES OF PLANTS:
11. NUMBER AND DESCRIPTION OF PACKAGES	12. DISTINGUISHING MARKS
13. PLACE OF ORIGIN	14. DECLARED MEANS OF CONVEYANCE
	15. DECLARED PORT OF ENTRY

ADDITIONAL DECLARATION

Send to/Bill (if different from Exporter) If you wish to use a specific delivery (i.e. faxed copy, Federal Express, other), **please** indicate which service and list your Fax Number, Federal Express Account Number, etc. so that the necessary arrangements may be made.

Number of Samples _____ Inspector _____ Treated _____ Fumigation _____ Date _____ Ready for processing _____ Inventory checked _____

IDAHO DEPT. OF AGRICULTURE INSPECTED CROPS

SPECIES	VARIETY	LOT NUMBER	WEIGHT	YEAR/LOCATION/GROWER	STATE NUMBER

Idaho Origin Non-Inspected & Out of State Origin

SPECIES	VARIETY	LOT NUMBER	WEIGHT	YEAR / ORIGIN	OTHER INFO.