STATE OF IDAHO DEPARTMENT OF AGRICULTURE STATE PHYTOSANITARY CERTIFICATE APPLICATION

Mail to OF	R Fax to:						
P.O. Box 7	of Agriculture 90, Boise, ID 83701		OR		Idaho Dept. of Agriculture 1180 Washington St N, Twin Falls, ID 83301		
Phone: (208) 332-8650 Fax: (208) 334-2386				Phone: (208) 736-2195 Fax: (208) 736-2198			
1 ax. (200	0) 334-2300					ux. (200) 730-2170	
				o Certificate (SPC) ☐ Seed Insp. Certificate (SIC) -seed commodities)			
	DI		OD DIGINI	ECCLON			
DISINFESTATION AND /OI 1. DATE:				2. TREATMENT			
3. CHEMICAL (active ingredient)				4. DURATION AND TEMPERATURE			
5. CONCENTRATION				6. ADDITIONAL INFORMATION			
Treatment Applicator:				License No:			
Expiration Date:				Signature:			
DATE:			APPL	ICANT:			
EXPORTE		-					
CONSIGNI	EE:						
NO. & DES PACKAGE	SCRIPTION OF S:						
DISTINGU	ISHING MARKS:						
CONVEYANCE:			PORT	PORT OF ENTRY:			
SPECIES	VARIETY	LOT NUMBER	WEIGHT	YEAR/L	OCATION/GROWER	STATE NUMBER	