

**APPLICATION FOR FEDERAL
PHYTOSANITARY CERTIFICATE**

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	POUNDS	YEAR/LOCATION/GROWER	STATE NUMBER

Idaho Origin Non-Inspected, ICIA Inspected &
Out of State Origin Crops

SPECIES	VARIETY	LOT NUMBER	POUNDS	YEAR /ORIGIN/GROWER	OTHER INFO. (ICIA INSP, CALIF., ETC.)