

TO THE PLANT PROTECTION ORGANIZATION(S) OF:	EXPORTER CO. NAME:	CONSIGNEE CO. NAME:	PCIT TRACKING NO.:
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DISINFESTATION AND /OR DISINFECTION 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: _____

IDAHO INSPECTED CROPS

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

**NON-INSPECTED IDAHO ORIGIN CROPS,
ICIA INSPECTED & OUT OF STATE ORIGIN CROPS**

SPECIES	VARIETY	LOT NUMBER	WEIGHT	ORIGIN	OTHER INFO. (ICIA INSP, CALIF., ETC.)

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

SEND TO/BILL: (if different from Exporter)

*If you wish to use a specific delivery (ie faxed copy, Federal Express), please indicate which service and list your Fax Number, Federal Express Account Number, etc. so that the necessary arrangements can be made.