APPLICATION FOR FEDERAL PHYTOSANITARY CERTIFICATE

TO: THE PLANT PROTECTION ORGANIZATION (S) OF:	**DATE INSPECTED:**

DISINFESTATION AND/OR TREATMENT

1. DATE:	**2. TREATMENT** None
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 QUANITY DECLARED	**10. BOTANICAL NAMES OF PLANTS:**
11. NUMBER AND DESCRIPTION OF PACKAGES	**12. DISTINGUISHING MARKS**
13. PLACE OF ORIGIN	**14. DECLARED MEANS OF CONVEYANCE** Air Courier
	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 & Out of State Origin

SPECIES	VARIETY	LOT NUMBER	POUNDS	YEAR / ORIGIN	OTHER INFO.