



QUARANTINE CERTIFICATION REQUEST

FAX TO: Santa Barbara County
Agricultural Commissioner's Office
Fax #681-5603

FROM:
(Location Address) _____

LOCATION PHONE #: _____

SHIPPING TO: _____

WHAT WILL SHIP: _____
(NAME & QUANTITY)

QUANTITY SHIPPING: _____
(# & DESCRIPTION OF PACKAGES)

DATE SHIPPING: _____

TREATMENT (IF NECESSARY):
(Date, Chemical, Concentration, Type & Duration)

Product Location: _____

Certificate Delivery Location: _____