



# PHYTOSANITARY CERTIFICATION REQUEST

Santa Maria FAX: 805-934-6202

Santa Barbara FAX: 805-681-5603



## EMAIL TO :

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**CONTACT/COMPANY NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**Date Requested** \_\_\_\_\_

**Date of Shipment:** \_\_\_\_\_

**Product Location** \_\_\_\_\_

**Phyto Delivery Location:** \_\_\_\_\_

**Exporter**

(Name / Full Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consignee**

(Name/City/County):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Commodities / Quantity  
& Origin:**

\_\_\_\_\_  
\_\_\_\_\_

**Number & Description of Packages:**

\_\_\_\_\_

**Distinguishing Marks**

on Package (Be Exact):

\_\_\_\_\_

**Conveyance** (For Example: Air):

\_\_\_\_\_

**Port of Entry:**

\_\_\_\_\_

**Order Number:**

\_\_\_\_\_

**Treatment** - If Necessary

(Date, Chemical,

Concentration, Type & Duration):

\_\_\_\_\_  
\_\_\_\_\_