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| U. S DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE SANITARY CERTIFICATE REQUEST-CHILE | | According to the paperwork reduction act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. This valid OMB control number for this collection is 0581-NEW. The time required to complete this information collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. | | |
| <input checked="" type="checkbox"/> I acknowledge that by checking this box that the information provided is factual and accurate. | | | | |
| 1. CONTAC NAME | | MAIL CERTIFICATE TO: | | |
| 2. CUSTOMER NUMBER | | 7. COMPANY | | |
| 3. BILLING REFERENCE | | 8. CONTACT | | |
| 4. E-MAIL ADDRESS | | 9. STREET | | |
| 5. CONTACT PHONE | | 10. CITY | | |
| 6. FAX | | 11. STATE | 12. ZIP | |
| EXPORTER | | | | |
| 13. NAME | | | | |
| 14. ADDRESS | | | | |
| 15. CITY, STATE | | | | |
| IDENTIFICATION OF DAIRY PRODUCTS | | | | |
| 16. DESCRIPTION OF COMMODITY | | | | |
| 17. KIND OF HEAT TREATMENT (HTST; PAST.) | | | | |
| 18. TYPE OF PACKAGING | | | | |
| 19. NUMBER OF PACKAGING UNITS | | 0 | | |
| 20. NET WEIGHT | | lbs | | |
| 21. REQUIRED TEMPERATURE DURING STORAGE AND TRANSPORTATION | | | | |
| 22. EXPIRATION DATE | | | | |
| MANUFACTURER | | | | |
| 23. PLANT NUMBER | | ; ; | | |
| PLACE OF LOADING | | | | |
| 24. CITY, STATE | | | | |
| DESTINATION | | | | |
| 25. DESTINATION | | | | |
| 26. SENASA PERMIT NUMBER | | | | |
| 27. SIGNATURE OF AGENT FOR APPLICANT | | 28. DATE | | |

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