

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 numbers for this information collection are 0579-0190 and 0173. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED  
0579-0190 and 0173  
EXP DATE XX/XXXX

|  |                    |                           |
|--|--------------------|---------------------------|
| U.S DEPARTMENT OF AGRICULTURE<br>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br>PLANT PROTECTION AND QUARANTINE<br><br><b>FOREIGN SITE CERTIFICATE OF INSPECTION<br/>AND/OR TREATMENT</b> | 1. CERTIFICATE NO. | 2. COUNTRY OF ORIGIN      |
|  | 3. DATE LOADED     | 4. FOREIGN PORT OF EXPORT |

|                           |                       |
|---------------------------|-----------------------|
| 5. CARRIER IDENTIFICATION | 6. U.S. PORT OF ENTRY |
|---------------------------|-----------------------|

|  |  |
|--|--|
| 7. SHIPPER (Name and Address - Include Zip Code) | 8. CONSIGNEE (Name and Address - Include Zip Code) |
|--|--|

| 9. COMMODITY | 10. NO. CONTAINERS<br>(Identify as box, sack,<br>1/2 Bruce box, flat,<br>cardboard box, etc.) | 11. CONTAINER<br>IDENTIFICATION MARKS |
|--------------|---|---------------------------------------|
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |
|              |   |                                       |

|   |          |
|---|----------|
| 12. LOCATION OF INSPECTION AND/OR TREATMENT | 13. DATE |
|---|----------|

This certifies that the shipment described above has been inspected and/or treated in accordance with agricultural requirements for entry into the United States.

|  |                 |
|--|-----------------|
| 14. SIGNATURE OF PLANT PROTECTION AND QUARANTINE OFFICER | 15. DATE ISSUED |
|--|-----------------|