

According to the Paperwork 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. The valid OMB control number for this information collection is 0579-0052. The time required to complete this information collection is estimated to average .20 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
0579-0052
Exp.: XX/XXXX

No Phytosanitary Export Certificate can be issued until an application is completed (7 CFR 353).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE
**APPLICATION FOR INSPECTION AND CERTIFICATION OF DOMESTIC
PLANTS AND PLANT PRODUCTS FOR EXPORT**

INSTRUCTIONS: APPLICANT - Forward original to the Officer in Charge where inspections, treatment, and certification will be given (Item 4). Complete items 1 through 11.

OFFICER - Complete items 12 through 17.

1. NAME AND ADDRESS OF EXPORTER		3. NAME AND ADDRESS OF APPLICANT <i>(or exporters agent)</i>	
		AREA CODE AND PHONE NUMBER	
2. NAME AND ADDRESS OF FOREIGN CONSIGNEE		4. PLACE WHERE ARTICLES WILL BE MADE AVAILABLE FOR INSPECTION AND/OR TREATMENT AND CERTIFICATION <i>(Port and location)</i>	
		5. APPROX. DATE OF DEPARTURE	6. PORT OF EXPORT

7. DESCRIPTION OF ARTICLES TO BE CERTIFIED

a. QUANTITY AND NAME OF PRODUCE AND BOTANICAL NAME	
b. NUMBER AND DESCRIPTION OF PACKAGES	
c. DISTINGUISHING MARKS	
d. CERTIFIED ORIGIN	

8. DECLARED MEANS OF CONVEYANCE	<i>I certify that the origin (place where grown) of the articles listed is as represented.</i>	
9. DECLARED POINT OF ENTRY	10. SIGNATURE <i>(applicant or exporters agents)</i>	11. DATE

EXPORT INSPECTION DATA- <i>(To be filled in by Plant Protection and Quarantine Officer)</i>		
12. LOCATION OF ARTICLES	13. % OF MATERIALS EXAMINED	14. % OF MATERIALS INFESTED
15. FINDINGS AND/OR TREATMENT GIVEN <i>(Use reverse if necessary)</i>		
16. SIGNATURE		17. DATE AND TIME INSPECTED