

Application for Phytosanitary Certificate
 Plant Industry Division



Description of consignment		
Name and address of exporter:		Name and address of consignee:
Name of produce and quantity declared:		Botanical name:
Number and description of packages:		Distinguishing marks:
Place of origin:	Declared means of conveyance:	
	Point of entry:	
Fumigation and/or disinfection treatment (to be completed by inspector)		
Date:		Treatment:
Chemical (active ingredient):		Duration and Temperature:
Concentration:		Additional Information:
Date of Application:	Applicant: (Print or type)	Signature of Applicant:

Return by fax to 775-353-3638, Attn: Joel Castelan or email to jrcastelan@agri.nv.gov