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

FORM APPROVED OMB NO. 0579-0052

According to the Paperwork Reduction Act of 1995, no persons are 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 .25 minutes/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.

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 thru 11. **OFFICER** - Complete items 12 thru 17.

1. NAME AND ADDRESS OF EXPORTER		3. NAME AND ADDRESS OF APPLICANT (or exporters agent)				
			AREA CODE AND PHONE NO.			
2. NAME AND ADDRESS OF FOREIGN CONSIGNEE		4. PLACE WHERE ARTICLES WILL BE MADE AVAILABLE FOR INSPECTION AND/OR TREATMENT AND CERTIFICATION(Port and location)				
		5. APPROX. DATE OF DEPARTURE	:E 6	6. PORT O	DF EXPORT	
	7. DESCRIPTION OF ARTIC	LES 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 certify that the origin (place where grown) of the articles listed is as represented.				
9. DECLARED POINT OF ENTRY		10. SIGNATURE (applicant or expor	rters agents)	ters agents) 11. DATE		
	EXPORT INSPECTION DATA - (To be filled in b	bv Plant Protection and Quarantine Officer)				
12. LOCATION OF ARTICLES		13. % OF MATERIALS EXAMINED	14. %	14. % OF MATERIALS INFESTED		
15. FINDINGS AND/OR TREATMENT GIVEN (U	Ise reverse if necessary)	1				
16. SIGNATURE			17. DA	17. DATE AND TIME INSPECTED		