



Wisconsin Department of Agriculture, Trade & Consumer Protection
Agricultural Resource Management Division
Plant Industry Bureau
PO Box 8911
Madison WI 53708-8911
Phone (608) 224-4596
Fax (608) 224-4571

Application for Inspection and Certification of Plants and Plant Products for Export

Chapter ATCP 21.05, Wis. Adm. Code

Fill in all boxes that apply, please type or print clearly.

ALLOW 10 DAYS FOR PROCESSING

NAME AND ADDRESS OF APPLICANT IF DIFFERENT FROM EXPORTER:

Date:

Name:

Phone: ()

Fax: ()

Shipment Date:

FUMIGATION OR DISINFECTION TREATMENT

Date:

Treatment:

Chemical:

Duration & Temperature:

Concentration:

Additional Information:

DESCRIPTION OF THE CONSIGNMENT

Name and Address of the Exporter:

Name and Address of the Consignee:

Name of Produce and Quantity Declared (total weight in pounds, total board feet lumber, total number of plants, etc.):

Botanical Name:

Number and Description of Packages (total number of boxes, packages, bags, etc.):

Distinguishing Marks:

County and State of Origin:

Declared Means of Conveyance:

Point of Entry (this must be a port city in the destination country):

CHECK THIS BOX IF YOU WOULD LIKE TO RECEIVE A CERTIFICATE REGARDLESS OF REQUIREMENT

Acknowledgement: I attest to the fact that all the information contained herein is complete and accurate to the best of my knowledge.

Signature

Date