

Republic of the Philippines
Department of Agriculture
Bureau of Plant Industry
PLANT QUARANTINE SERVICE
Manila

APPLICATION FOR FUMIGATION
CERTIFICATE

DESCRIPTION OF THE CONSIGNMENT

Name, Address and Telephone No. of Exporter : _____
Name and Address of Consignee: : _____
Distinguishing Marks/Number of Container/Item to be Fumigated : _____
Place of Fumigation : _____
Destination & Means of Conveyance : _____

(Name and Signature of Applicant or Representative)

F U M I G A T I O N

To Be Carried Out By: DPI Plant Quarantine Officer
 An approved fumigation plant/company under the supervision of an authorized plant quarantine officer.

Home, Address & License No. of the Company:

Date: _____ Fumigant: _____ Dosage: _____
Temperature: _____ Exposure Period: _____
Additional Declaration(s) Requested: _____

* To be filled up by P.Q. Officer
** To be stated in the fumigation certification

(Name & Signature of Plant Quarantine Officer)

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FUMIGATION CERTIFICATE

Cert. No. _____

(Plant Quarantine)

Sir :

This is to certify that the container/item described below was fumigated and subsequently found to be free from injurious plant pests.

DESCRIPTION OF THE CONSIGNMENT

Name and address of Exporter : _____
Name and address of Consignee : _____
Distinguishing Marks of Cont. : _____
Item Fumigated : _____
Place of Fumigation : _____
Destination/Mean of Conveyance : _____

FUMIGATION

Carried out by: Plant Quarantine Station/Substation:

An approved fumigation plant/company under the supervision of an authorized quarantine officer.

Name and address of the Company:

Date : ____/____/____ Fumigant : _____
Dosage : _____ Temperature : _____
Exposure Period: _____

Additional Declaration (if any) 1. This certificate refers to the fumigation of the empty container which was in good condition with satisfactory door seal and all openings were sealed prior to treatment. 2. The container covered by this certificate shall be loaded with desiccated coconut. 3. The said container have been inspected and found to be free from animal and plant residue.

OSEDC PHILTRADE CENTER, ROXAS BLVD., MM

Place of Issuance

Date of Issuance : ____/____/____

Name & designation of P. Q. Officer

(Signature)