



Georgia Department of Agriculture

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Gary W. Black
Commissioner

PHYTOSANITARY CERTIFICATE APPLICATION/INFORMATION

1. Name and Address of Exporter: _____

2. Declared Name and Address of Consignee: _____

3. Name of Produce and Quantity Declared: _____

4. Number and Description of Packages _____
5. Place or Origin: _____
6. Botanical Name _____
7. Declared Means of Conveyance: _____
8. Distinguishing Marks _____
9. Declared Point of Entry _____

TREATMENT

Date _____ Treatment _____

Chemical (active ingredient) _____ Concentration: _____

I certify that the chemicals listed above were applied in compliance with all pesticide labeling requirements, including safety and disposal requirements.

Signature _____ date _____