



PHYTOSANITARY CERTIFICATION REQUEST

FAX TO: Santa Barbara County
Agricultural Commissioner's Office
Fax #934-6202

CONTACT/COMPANY NAME: _____

PHONE: _____ FAX: _____

Date Requested: _____ Date of Shipment: _____

Product Location: _____ Phyto Delivery Location: _____

Exporter (Name / Full Address): _____

Consignee (Name/City/Country): _____

Commodities / Quantity & Botanical Name: _____

Number & Description of Packages: _____

Distinguishing Marks on Packages (Be Exact): _____

Conveyance (For Example Air): _____

Port of Entry: _____

TREATMENT (If Necessary):
(Date, Chemical, Concentration, Type & Duration): _____
