



# QUARANTINE CERTIFICATION REQUEST

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

**FROM:**  
(Location Address) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION PHONE #:** \_\_\_\_\_

**SHIPPING TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT WILL SHIP:** \_\_\_\_\_  
(NAME & QUANTITY)

**QUANTITY SHIPPING:** \_\_\_\_\_  
(# & DESCRIPTION OF PACKAGES)

**DATE SHIPPING:** \_\_\_\_\_

**TREATMENT (IF NECESSARY):**  
(Date, Chemical, Concentration, Type & Duration)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product Location: \_\_\_\_\_

Certificate Delivery Location: \_\_\_\_\_