



PHYTOSANITARY CERTIFICATION REQUEST

Santa Maria FAX: 805-934-6202

Santa Barbara FAX: 805-681-5603

EMAIL TO : SANTA MARIA smphytos@agcommissioner.com
SANTA BARBARA sbphytos@agcommissioner.com

CONTACT/COMPANY NAME: _____

PHONE: _____ **FAX:** _____

Date Requested _____ **Date of Shipment:** _____

Product Location _____ **Phyto Delivery Location:** _____

Exporter _____
(Name / Full Address): _____

Consignee _____
(Name/City/County): _____

Commodities / Quantity _____
& Origin: _____

Number & Description of Packages: _____

Distinguishing Marks _____
on Package (Be Exact): _____

Conveyance (For Example: Air): _____

Port of Entry: _____

Order Number: _____

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