



# PHYTOSANITARY CERTIFICATION REQUEST

Santa Maria FAX: 805-934-6202

Santa Barbara FAX: 805-681-5603

**EMAIL TO :** SANTA MARIA [smphytos@agcommissioner.com](mailto:smphytos@agcommissioner.com)  
SANTA BARBARA [sbphytos@agcommissioner.com](mailto: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): \_\_\_\_\_