

**Application for Phytosanitary Certificate**  
Plant Industry Division



<b>Description of consignment</b>		
Name and address of exporter:		Name and address of consignee:
Name of produce and quantity declared:		Botanical name:
Number and description of packages:		Distinguishing marks:
Place of origin:		Declared means of conveyance:
		Point of entry:
<b>Fumigation and/or disinfection treatment (to be completed by inspector)</b>		
Date:		Treatment:
Chemical (active ingredient):		Duration and Temperature:
Concentration:		Additional Information:
Date of Application:	Applicant: (Print or type)	Signature of Applicant:

**Return by fax to 775-353-3638, Attn: Joel Castelan or email to [jrcastelan@agri.nv.gov](mailto:jrcastelan@agri.nv.gov)**