NEVADA DEPARTMENT OF AGRICULTURE

Application for Inspection and Certification of Domestic Plants and Plant Products for Export (Phytosanitary Certificate)

NDOA Ref: PPQ 557

Exporter Name and Address (Must be in U.S.)		3. Name and Address of Applicant (or exporter's agent)	
2. Name and Address of Foreign Consignee		4. Place where articles will be made available for inspection and/or treatment and certification (port or other location)	
5. Approximate date of Departure		6. Port of Export	
7. Description of Articles to be certified			
I certify that the origin of the articles listed is as represented.			
10. Signature (Signature (applicant or exporters agent) 11. Date		
Number of Pounds (NDOA Statistical Data)			
Se	Send Billing To:		
DOA)·			
	ified I certify that the as represented 10. Signature (Number of Pour	agent) 4. Place where articles will be rinspection and/or treatment and other location) 6. Port of Export ified I certify that the origin of the articles listed is as represented. 10. Signature (applicant or exporters agent) Number of Pounds (NDOA Statistical Data) Send Billing To:	

Inspected by:_____

Date of Inspection: