

REQUEST FOR PHYTOSANITARY CERTIFICATE

FOR OFFICE USE ONLY

Reference: _____

Certificate No. _____



Date _____

Name _____

Phone _____

Shipment date _____

Treatment/Fumigation Information

PLEASE READ ATTACHED INSTRUCTIONS

<u>Date</u>	<u>Treatment</u>
<u>Chemical</u>	<u>Concentration</u>

Description of Consignment

<u>Exporter's Name and Address</u>	<u>Importer's Name and Address</u>
<u>Quantity & Name of Produce</u>	<u>Botanical Name</u>
<u>Number & Description of Packages</u>	<u>Distinguishing Marks</u>
<u>Place(s) of Origin</u>	<u>Means of Conveyance</u>

Billing address if different from Exporter:

We do not fax phytos or send to third party addresses (phytos will be sent to either the company making the request or Exporter only)

SEND TO:

ACCOUNT NUMBER: _____

Indicate Method of Return: UPS- FED EX- DHL-U.S. MAIL

ACKNOWLEDGMENT

I attest to the fact that all the information contained herein is complete and accurate to the best of my knowledge.

Date: _____

Signature: _____

RETURN TO:
 ILLINOIS DEPARTMENT OF AGRICULTURE
 DIVISION OF NATURAL RESOURCES
 BUREAU OF ENVIRONMENTAL PROGRAMS
 2280 BETHANY ROAD, STE B
 DEKALB, ILLINOIS 60115
 PHONE: 815-787-5476 FAX: 815-787-5488

IMPORTANT NOTICE

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER THE ILLINOIS REVISED STATUTES CHAPTER 5, PARAGRAPHS 801 THROUGH 828. FAILURE TO PROVIDE THIS SHALL PREVENT THIS FORM FROM BEING PROCESSED. IL 406-0934 (08/2007)

INSTRUCTIONS

Please Print or Type Legibly. If you have questions or need regulations, send e-mail to tom.dettman@illinois.gov Fax your completed request to 815-787-5488. Do not e-mail the completed requests. Please contact me if you would like an electronic version.

This form may be used to request Phytosanitary Certificates, Re-Export Certificates, or Processed Product Certificates.

Fumigation/Treatment Section: Some commodities require treatment before export. Include the date, the chemical name, the concentration, and treatment method that was used. Leave blank if treatment is not needed.

Exporter's Name and Address: Name of the company that is making the shipment.

Importer's Name and Address: Address of the final destination of your shipment.

Number of Packages: Total number of boxes, bags, containers, rail cars, etc.

Botanical Name: Scientific name of the commodity – genus and species.

Quantity & Name of Produce: Name of commodity and weight. **Kilograms** is the preferred unit of measure.

Point of Entry: Port city in the country of destination.

Distinguishing Marks: Railcar, Truck, Shipping Container Numbers, etc. We cannot refer to letter of credit numbers. This space is reserved for markings on the outer container(s) of your shipment only.

Origin: List the State(s) or Country from which the plant commodity was grown.

Means of Conveyance: Air Freight, Ocean Freight, Rail, Truck, etc.

Attach a copy of your field inspection and/or Lab reports with your request when necessary.

Include a copy of the import permit with this request if necessary. It should be translated into English. Requests may be refused without an import permit. The permit number will not be stated on the certificate unless a copy is attached to this request.

If you need regulations for the Country of your shipment, call the DeKalb Office 815-787-5476.

If the lower section of the request is blank, your completed certificate will be sent to the Exporter's Name and Address via U.S. Mail. Include account numbers for overnight delivery.

Phytos will only be sent to the Exporter's Address or to the company making the request. Phytos will not be sent to a 3rd party address or faxed.

Phytos are done as quickly as possible. Same day service is not possible.

You will be billed for certificates at the end of each month.