

**APPLICATION FOR ISSUE OF PHYTOSANITARY
CERTIFICATE FOR EXPORT OF AGRICULTURE COMMODITY**

Downloaded
APXZ

To:	For PQ Office use:	Registration No.:
	Receipt No.:	
	Date of Receipt:	Date of Regn.:

I/We, the exporter/the authorised agent of the exporter, herewith submit an application for inspection/disinfection/ disinfestation and issue of Phytosanitary Certificate for export of the goods described here under:

1. Name & address of Exporter	2. Name & address of Importer	Export status <input type="checkbox"/> Prohibited <input type="checkbox"/> Restricted <input type="checkbox"/> Canalised
3. Commodity Name (Common/Botanical name)	4. Quantity (Wt./Vol.)	<input type="checkbox"/> Unrestricted
5. No. of pieces/packages /containers	6. Distinguishing marks	Documents verified <input type="checkbox"/> Import Permission <input type="checkbox"/> Export License
7. Nature of package material	8. Means of conveyance	<input type="checkbox"/> Letter of Credit/ Contract/ Agreement <input type="checkbox"/> Invoice
9. Country of origin	10. Port of loading	<input type="checkbox"/> Fumigation Certificate <input type="checkbox"/> Shipping/ Airway Bill

11. Country of export	12. Port of unloading	Others
		(Specify)
13. Date & place of inspection of goods	14. Invoice/Shipping/Airway Bill No. & date	N.B.: Tick appropriate one
15. Value of commodity (Rs.)	16. Purpose of Export Sowing/Planting/Consumption	Date:
		Sign. of Staff:

Declaration

1. I/We the exporter/ the authorised agent of the exporter, on behalf of M/s. _____ declare that the information furnished on this form, to the best of knowledge and belief is true, correct and complete in every respect.
2. I/We shall pay any fees prescribed for inspection/fumigation/treatment of the consignment and any other charges towards issue of Phytosanitary/fumigation/treatment certificate.
3. I/We shall carry out the instructions given by the Plant Protection Adviser to the Govt. of India or any Officer duly authorised by him in this behalf in connection with inspection/fumigation/treatment of the consignment and issue of Phytosanitary Certificate.
4. I/We shall provide any relevant information and related documents connected with export of consignment and issue of Phytosanitary Certificate.

Date: _____

Seal

(Sign. Of Exporter/Authorised Agent)

N.B. (1) The application should be submitted by the Exporter/ his authorized agent in duplicate duly filled and complete.

(2) Duplicate copy to be returned to the exporter/ his authorised agent after endorsing the quarantine order and receipt of payment.

For PQ Office Use

Assessment of fees	Receipt of payment
---------------------------	---------------------------

Commodity	Wt.(Kg)/ No.of pieces	Particulars of fee		Received from M/s. _____
		Rs.	P.	_____ an amount of Rs. _____ Rupees _____
		Inspection fee		_____ (in words) by cash /DD /BC /PO
		Outside Inspn. fee		/T.R.No. _____ dt: _____ _____ drawn on _____
		Others		_____ (Name of the bank & branch) towards inspection fees/outside inspection fees/other charges.
		TOTAL		
Rupees _____			Date _____	
_____ (in words)			Sign. of Cashier _____	
Date _____			Sign. of DDO/Accountant _____	
Assessed by _____				
Checked by _____				
Sign. of staff _____				
Sign. of S/O _____				

QUARANTINE ORDER NO.: _____

1. The exporter/authorised agent of the exporter is directed to present the consignment/containers lying at _____ for inspection/sampling on _____ at _____ by the following staff/officer of Plant Quarantine Authority viz., _____ and arrange necessary facilities for the same.
2. The exporter/authorised agent of exporter is directed to arrange fumigation/treatment of goods/containers/vessel through Pest Control Operator approved by Plant Protection Adviser to the Govt. of India under the supervision of officer duly authorised by him.
3. The exporter/authorised agent of exporter is advised to produce the following documents viz., Permit to Import/ Letter of Credit/ Trade Contract/ PQ specifications, if any, of the country of export, for necessary scrutinization and issue of Phytosanitary Certificate.

Date _____

Place _____

Seal _____

(Signature of Authority)