

## **Plant Health Service**

## APPLICATION FOR EXPORT CERTIFICATION SERVICES -

Please send completed forms to <a href="mailto:plant.health@forestrycommission.gov.uk">plant.health@forestrycommission.gov.uk</a>

1.	Nar	me of Exporter:									
	(The	individual or company that will be sh	own as the consignor (sender) on the	printed and authorise	ed phytosanitary certificate)						
2.	Address of Exporter: (should be located in exporting country)										
				Postcode:							
				Tel No:							
	Email	t:									
3.	Addı	ress where goods will be availab	le for inspection: (if different fror	m section 2).							
4.	Servi	ces required									
	I 🗆 .	/ We* □ require export phytosani	tary certificate(s)/reforwarding phyt	osanitary certificates	(s) for the goods detailed below.						
	$I \square I$		ds may have to be inspected by a F								
_		Is of consignment(s)	iale)								
J.											
	a.	Name of Consignee (end user)									
	b.	Address of consignee									
				c. Port of Import:							
				d. Port of Export:							
				e. Date of Export:							
				(dd/mm/yy)							
	f.	Description of products:		l.							
	g.	Botanical/Scientific name (if know	vn):								
	h.		details if in Great Britain. State c	ountry if overseas )							
		The limber was grown.	otate o								
	i.	Serial Number of phytosanitary									
		certificate issued in country of orig (if applicable)	gin:								

k. Distinguishing marks (if any) including Unique Wood Packaging Registration No(s):*  1. Means of conveyance: Sea freight Air freight Other  6. Special Conditions (including disinfestation and/or disinfectiontreatment)  a. Treatment: d. Concentration:  b. Chemical: (if any) e. Date of treatment:  c. Duration and temperature:  Additional Information:  7. Declaration:  1. Loofirm that to the best of my knowledge and belief the information I have given is true and I accept responsibility for ensuring that the appropriate payment for the services provided is made to the Porestry Commission. I understand that it is an offence to provide false information.  8. Delivery addresses, Purchase Order and Credit Customer Details (UK address only)  a. Certificate  (F.A.O): (Contact Name)  (Address):  b. Customer Purchase Order No: (Own reference)  (Contract Name) e. Certificate cannot be issued after the goods have left the country.  A minimum of five working days' notice (for sea freight) are required to consider an application, prepare a certificate and also to arrange an inspection (inspections carried out on a random basis). We prioritise applications by date of export.  'Wood Packaging Code comprises 2 digit country code, a producer code and treatment indicator.	j. Quantity: (Volume			[m³] or Weight [l	<b>(g]</b> )											
6. Special Conditions (including disinfestation and/or disinfectiontreatment)  a. Treatment:  b. Chemical: (if any)  c. Duration and temperature:  Additional Information:  I confirm that to the best of my knowledge and belief the information I have given is true and I accept responsibility for ensuring that the appropriate payment for the services provided is made to the Forestry Commission. I understand that it is an offence to provide false information.  8. Delivery addresses, Purchase Order and Credit Customer Details (UK address only)  a. Certificate  (F.A.O): (Contact Name)  (Address):  b. Customer Purchase Order No: (Own reference)  c. Credit Customer No: (Please quote after receipt of your first invoice from the FC)  N.B. Phytosanitary Certificates cannot be issued after the qoods have left the country.  A minimum of five working days' notice (for sea freight) are required to consider an application, prepare a certificate and also to arrange an inspection (inspections carried out on a random basis). We prioritise applications by date of export.		k	Unique Wood Pack													
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* Wood Packaging Code comprises 2 digit country code, a producer code and treatment indicator.																
	* Wood Packaging Code comprises 2 diç					it count	try cod	e, a prod	ucer	code a	nd trea	tmen	t indi	cator.		
Name of Applicant: (BLOCK CAPITALS)	Name of Applicant: (BLOCK CAPITALS)															
	Signature of Applicant:										Date:					
Signature of Applicant:   Date:	Ар	plica	ant Company Name: [													
Signature of Applicant: Date:	Ар	plica	ant Company Name:													
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