

Application for Official Soil Sampling for Potato Cyst Nematode

IMPORTANT:
Please enter the details of
the fields on the reverse of
this form, and include a
sketch map showing the
area to be sampled

Section A: Applicant's details

1. Title (e.g. Mr/Mrs/Miss/Ms) Initials
Surname

2. Trading Title (if appropriate)

3. Full postal address
Postcode

Telephone no. (incl. national dialling code) Email

4. Name and address of Land Owner (for land where applicant is not the owner)
Postcode

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Client Reference No.

Application No.

Section B: Type of application

5. This is an application for (tick **ONE** box only):
Please attach completed second sheet relevant to the box ticked.
- Seed potatoes for marketing
 - Bulbs or plants for export.....
 - Potatoes for export.....

Section C: Declaration

*I/We:

- hereby apply for the land, particulars of which are given overleaf, to be soil sampled for Potato Cyst Nematode;
- *am/are the occupier(s) of the land specified;
- *am/are **not** the occupier(s) of the land specified and confirm that I have explained the cropping restrictions that will be imposed if Potato Cyst Nematode is found and that I have the owner's consent for the sampling to go ahead;
- have read and accept the General conditions set out in PH 13A, and the scale of the charges as laid down in the Export Certification Charges Explanatory leaflet (PHE 1).

Signature on behalf of the applicant

Name in BLOCK LETTERS

Date
*delete as appropriate

Data Protection - For information on how we handle personal data please go to "<http://www.gov.uk>" and search "Animal and Plant Health Agency Personal Information Charter"

Admin Fee - Please note there is a fee for the administration of a paper application please see details at <https://www.gov.uk/guidance/plant-health-controls#fees>

POTATOES FOR EXPORT

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	Field IACS No or Grid Reference	Parish	Area of field (ha)	Area to be sampled (ha)	Variety	Area of that variety	PHSI			
							Sample area (ha)	No. of samples	Identity of samples	Wart radius Y/N
Field 1										
Field 2										
Field 3										
Field 4										

<p>In order to expedite the smooth and efficient processing of your application YOU MUST attach a map showing the location of the fields and the entry points.</p> <p>Please return the completed forms to your local APHA Plant Health & Seeds Inspector or the nearest APHA Senior Plant Health & Seeds Inspector responsible for your area.</p>		For APHA Plant Health and Seeds Inspector Use	Site Time	Travel Time	Admin Time
		Inspectors Names			
		Date of sampling			