

Name of Contact Person: \_\_\_\_\_

**ARKANSAS  
STATE PLANT BOARD**

Phone #: 501-225-1598

Fax #: 501-225-3590

Contact #: \_\_\_\_\_

P.O. Box 1069  
Little Rock, AR 72203

TO: Plant Protection Organization(s) of \_\_\_\_\_

Phytosanitary  
Certificate #: \_\_\_\_\_

**DESCRIPTION OF CONSIGNMENT**

Name and address of exporter: \_\_\_\_\_

Declared name and address of  
consignee: \_\_\_\_\_

Number and description of packages: \_\_\_\_\_

Distinguishing marks: \_\_\_\_\_

Place of origin: \_\_\_\_\_

Declared means of conveyance: \_\_\_\_\_

Declared point of entry: \_\_\_\_\_

Name of produce and quantity  
declared: \_\_\_\_\_

Botanical name of plant: \_\_\_\_\_

This is to certify that the plants or plant products described above have been inspected according to appropriate procedures and are considered to be free from quarantine pests and practically free from other injurious pests; and that they are considered to conform to the current phytosanitary regulations of the importing country.

**DISINFECTION AND/OR DISINFECTION TREATMENT**

Date: \_\_\_\_\_

Treatment: \_\_\_\_\_

Chemical (active ingredient): \_\_\_\_\_

Duration & Temperature: \_\_\_\_\_

Concentration: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Additional Declarations: \_\_\_\_\_

**Means of delivery:** (Circle one)

**Special Requests:**

**Fed Ex    USPS    UPS    Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deliver  
certificate to:** \_\_\_\_\_

\_\_\_\_\_