

Name of Contact Person: _____

ARKANSAS DEPARTMENT OF AGRICULTURE

PLANT INDUSTRIES DIVISION



P.O. Box 1069
Little Rock, AR 72203

Phone #: 501-225-1598

Fax #: 501-225-3590

Contact #: _____

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: _____

Chemical (active ingredient): _____

Concentration: _____

Additional Declarations: _____

Treatment: _____

Duration & Temperature: _____

Additional Information: _____

Means of delivery: (Circle one)

Fed Ex USPS UPS Other

Special Requests:

**Deliver
certificate to:** _____