No. _____

PLANT PROTECTION IMPORT PERMIT APPLICATION FORM

FOR COMPLETION BY IMPORTER OR REPRESENTATIVE[1]

Date of Application:_____/_____/_____
dd mm yy

Name of person preparing application: _____ *(PLEASE PRINT)* Signature: _____

Declared name of consignee (IMPORTER):_____ Name of Company (IMPORTER):_____

Street Address:_____

Tel. No(s): _____ Fax. No(s):_____ Email address:_____

Commodity/Item	Quantity (incl. units)	Country (& State) of Origin	Expected date(s) of Arrival	Details of supporting documentation submitted with application

[1] Kindly note that **(i)** A comprehensive list must be submitted with any application for importation of live plants &/or seeds (varieties required for seeds), **(ii)** Applications for permits for consignments exceeding 10 different items must be accompanied (IN TRIPLICATE) by **valid** list, purchase order, invoice &/or order form for said consignment, and **(iii)** Commodities/shipments to be transshipped must include the name of the vessel and the expected date of departure.

FOR OFFICIAL USE ONLY

Date of processing: _____

Name of authorizing officer: _____
(please print)

Signature of authorizing Officer: _____

(Official Stamp)

Application approved ☐ Application denied ☐
(please tick one)

Additional comments (incl. any reasons for denial): _____
_____
_____
_____

IMPORTANT NOTE!

KINDLY COMPLETE CAREFULLY AND E-MAIL OR FAX TO THE PLANT PROTECTION OFFICER (plantprotection@antigua.gov.ag OR 562-1923) AT LEAST TWO WEEKS PRIOR TO PLACEMENT OF CONSIGNMENT ORDER.

FAILURE TO FULLY COMPLETE APPLICATION FORM MAY RESULT IN DELAYS IN PROCESSING OF THE APPLICATION(S)