

PLANT PROTECTION IMPORT PERMIT APPLICATION FORM

FOR COMPLETION BY IMPORTER OR REPRESENTATIVE ¹					
Date of Application://dd mm yy	Name of person preparing application	on: (PLEASE PRINT)	Signatu	re:	
clared name of consignee (IMPORTER): Na			ne 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	
permits for consignments exceeding 10 differ	rent items must be ac	companied (IN TRIPLICATE) by ansshipped must include the name	valid list, purchase order, in of the vessel and the expected		
Date of processing:		FOR OFFICIAL USE ONI Official Stamp)	Application approved	☐ Application denied ☐ (please tick one)	
Name of authorizing officer: (please print)			Additional comments (incl. any reasons for denial):	
Signature of authorizing Officer:					