

ARKANSAS
STATE PLANT BOARD
P.O. Box 1069, Little Rock
72203

Phytosanitary
Certificate
Number _____

TO: Plant Protection Organization(s) of _____

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 plants _____

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 with the current phytosanitary regulations of the importing country.

DISINFESTATION AND/OR DISINFECTION TREATMENT

Date _____

Chemical (active ingredient) _____

Concentration _____

Additional declaration:

Treatment _____

Duration and Temperature _____

Additional Information _____

Name of authorized officer _____

Date _____

Signature