

EXPORT CERTIFICATE APPLICATION

(Federal Phytosanitary Certificate)



Nebraska Department of Agriculture, Animal and Plant Health Protection, Entomology Program
 P.O. Box 94756, Lincoln, NE 68509-4756
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Fill in application completely. Incorrect or incomplete applications may delay issuance. Submit application by fax or e-mail. **Please type or print clearly.** Do not abbreviate anything. Original and copy of Export Certificate will be sent to only one address. Original certificates cannot be faxed. If more room is needed in any of the boxes, include an attachment page.

1. Applicant name, address, and phone: (Bill for export certificate will be sent to this address.)	2. Send completed certificate to: (If other than applicant.)
3. Location of articles for inspection: (Firm name, city, and state.)	4. Send completed certificate by: <input type="checkbox"/> Regular mail <input type="checkbox"/> Will pick up at office <input type="checkbox"/> Express mail (2 day) <input type="checkbox"/> Express mail (Overnight) <input type="checkbox"/> Express mail (Saturday delivery) Express mail company: <input type="checkbox"/> UPS <input type="checkbox"/> Fedex Express mail account #:
5. Country exported to:	6. Date of departure:
7. Exporter name and address: (Your info or your broker's info – must be a U.S. address.)	8. Consignee name and address: (Foreign destination info-cannot be a U.S. address.)
9. Quantity, common name and type of product:	10. Botanical name of product: (Scientific name)
11. Number and description of packages: (Include number of bags, railcars, containers, packets, boxes, etc.)	
12. Distinguishing marks: (Include container numbers, railcar numbers, truck or trailer license numbers, or markings on the bags or boxes. If there are no distinguishing marks, state "NONE".)	
13. Place of origin: (Indicate city or county and state.)	14. Means of conveyance: (How the product will arrive in the export country. Indicate one of the following: railroad, ocean vessel, truck line, air freight, or air mail.)
15. Point of entry: (Name of foreign city or area where the shipment will cross the border into the export country; this is <u>not</u> the point where it leaves the U.S. If unknown, list country name.)	16. Import permit number: (If required)
Date Commodity Inspected: _____ Name of Inspector: _____	
Applicant Signature: _____ Date: _____	
Phytosanitary certificates are issued every working day. We will try to issue and send out certificates for all complete applications received before 12:00 p.m. CST that same day. Complete applications received after 12:00 p.m. CST will be issued and sent the following business day. We DO NOT guarantee same-day service. Certificates are not processed on weekends or state/federal holidays. No liability shall be attached to the United States Department of Agriculture or the Nebraska Department of Agriculture or to any officer or representative of these departments with respect to any phytosanitary applications or certificates.	

Supporting documents being submitted with the application: (check all that apply)

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| <input type="checkbox"/> Original Import Permit | <input type="checkbox"/> English Translation of Import Permit (if original in foreign language) |
| <input type="checkbox"/> FGIS 921-2/Inspection Report | <input type="checkbox"/> Lab results from an Official Sample |
| <input type="checkbox"/> Treatment Verification Form | <input type="checkbox"/> Growing Season Field Inspection Report |