



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཚེས་དང་སྐྱོན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY
INSPECTION SERVICES



APPLICATION FORM FOR ISSUANCE of PHYTOSANITARY CERTIFICATE

The Officer In-Charge
Bhutan Food and Drug Authority,
Ministry of Health,
_____ Dzongkhag

I/We, the exporter/authorized agent of the exporter, herewith submit an application for issuance of a Phytosanitary Certificate as described below:

1. Name & Address of Exporter *					
2. Trade License No.			3. CID NO.		
4. Name & Address of consignee*					
Sl.No.	5. Botanical Name of Commodity*	6. Common Name of Commodity*	7. Description of Commodity	8. Quantity	9. Unit
				Gross Wt	
				Net Wt	
10. Importing country *				11. Declared point of entry*	
12. Number & Description of Packages*				13. Distinguishing Marks	
14. Purpose/End use*		<input type="checkbox"/> Propagation <input type="checkbox"/> Wood <input type="checkbox"/> Industrial Products <input type="checkbox"/> Consumption <input type="checkbox"/> Dunnage (Wooden packing material) <input type="checkbox"/> Laboratory specimens, Micro organisms, Micro biological, Biocontrol agents			
15. Mode of conveyance*		<input type="checkbox"/> Sea <input type="checkbox"/> Air <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Passenger		16. Conveyance Name	
17. Departure Date*				18. Date & Place of Inspection Desired*	
19. Additional Declaration (required by importing country)					
20. Pre-application treatment details		Please turn over			



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཚམ་དང་སློན་རིགས་དབང་འཛིན།

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Declaration

1. I/We the exporter/authorized agent of the exporter declare that the information furnished in this form, to the best of our knowledge and belief, is true, correct and complete in every respect
2. I/We shall carry out the instructions given by the Plant Quarantine Officials of the BFDA in connection with inspection/fumigation/treatment of the consignment for issuance of Phytosanitary Certificate
3. I/We shall provide any relevant information and related documents connected with export of consignment for issuance of Phytosanitary Certificate

Note: * Must be filled

21. Pre-Application Treatment details			
<input type="checkbox"/> Chemical <input type="checkbox"/> Irradiation <input type="checkbox"/> Hot water <input type="checkbox"/> Dry heat <input type="checkbox"/> Vapour heat <input type="checkbox"/> Cold treatment			
Chemical Name		Treatment	<input type="checkbox"/> Fumigation <input type="checkbox"/> Spray <input type="checkbox"/> Seed treatment <input type="checkbox"/> Other (Specify):
Concentration		Duration & Temperature	
Treated by			
Treatment supervised by			
Additional Information			

Date:		
Place:		
	Seal	Name & signature: Designation: