

Iowa Department of Agriculture & Land Stewardship
PHYTOSANITARY CERTIFICATE APPLICATION
STATE – FEDERAL – REEXPORT – PROCESSED PRODUCT

Destination Country: Requesting Date: Inspection Date:

Send Request To: **Iowa Department of Agriculture and Land Stewardship**
Entomology & Plant Science Bureau
2230 South Ankeny Boulevard
Ankeny, IA 50023

Phone Number: **515-725-1470**
Fax Number: **515-725-1471**

DISINFESTATION AND / OR DISINFECTION TREATMENT

Date: Treatment:
Chemical: Duration and Temperature:
Concentration: Other Information:

DESCRIPTION OF THE CONSIGNMENT

Name & Address of Exporter:

Declared Name & Address of Consignee:

Name of Produce & Quantity Declared:

Botanical Name:

Number & Description of Package:

Distinguishing Marks:

Origin: Conveyance: Point of Entry:

Name & Address to Send Complete Phyto to:

(If different from requesting firm, must include contact name, telephone number, & must be street a address.)

Contact Name & Phone Number:

(Requesting firm will always be billed unless indicated)

*****All completed Phytos are returned to you by U. S. Mail unless specified otherwise. Please provide the name of the courier service you will be using & the account number to be billed.**

Courier: Account Number:

Remarks:

ATTACH COPY OF IMPORT PERMIT, TRAIN CAR LIST, CONTAINER LIST, OR WHAT EVER IS APPLICABLE