

ARIZONA DEPARTMENT OF AGRICULTURE - PLANT SERVICES DIVISION

APPLICATION - PHYTOSANITARY FIELD INSPECTION OF SEED CROP FOR EXPORT

APPLICANT NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CONTACT NAME _____ E-MAIL _____

APPL. NO. _____ CROP _____ VARIETY _____ ACRES _____

STOCK LOT NO. _____ HARVEST LOT NO. _____

GROWER NAME _____ COUNTY _____

LOCATION (PLEASE INCLUDE A DETAILED MAP) _____

APPLICATIONS ARE DUE WITHIN 15 DAYS OF PLANTING

APPROXIMATE PLANTING DATE _____ APPROXIMATE HARVEST DATE _____

RECEIVING COUNTRY(S) - LIMIT OF 7

ADDITIONAL PESTS/DISEASES OF CONCERN

ADDITIONAL PESTS/DISEASES INCLUDED IN ATTACHED ADDENDUM

BY SIGNING BELOW YOU ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. THE DEPARTMENT MAY REFUSE THIS APPLICATION FOR INACCURATE OR INCOMPLETE INFORMATION. INSPECTION FEES VARY AND ARE BASED ON CROP AND ACREAGE. FOR A CURRENT FEE SCHEDULE PLEASE CONTACT THE NUMBER AT THE BOTTOM OF THE PAGE. BY SIGNING YOU AGREE TO CHARGES INVOICED BY THE DEPARTMENT. **PLEASE DO NOT SEND PAYMENT UNTIL INVOICED.** ONCE THE APPLICANT INFORMATION IS COMPLETE, PLEASE EMAIL OR PRINT AND MAIL THE APPLICATION, A DETAILED MAP OF THE FIELD LOCATION AND ANY ADDITIONAL INFORMATION TO THE ARIZONA DEPARTMENT OF AGRICULTURE, PLANT SERVICES DIVISION, 1688 W. ADAMS ST., PHOENIX AZ 85007.

APPLICANT'S REPRESENTATIVE _____

REPRESENTATIVE'S SIGNATURE _____

DATE _____

<https://agriculture.az.gov>