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| COOPERATIVE REPUBLIC OF GUYANA  NATIONAL AGRICULTURAL RESEARCH & EXTENSION INSTITUTE  NATIONAL PLANT PROTECTION ORGANISATION    phs emblema_edited**REQUEST FOR QUARANTINE SERVICES**  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  **Date:** DD / MM / YY | | | |
| 1. **PARTICULARS OF REQUEST** | | | |
| **NAME** |  | | |
| **ADDRESS** |  | | |
| **PHONE** |  | | |
| **FAX** |  | | |
| **EMAIL** |  | | |
| **ID # (Passport or National Identification)** |  | | |
| **2. DESCRIPTION OF QUARANTINE SERVICES** | | | |
| **TYPE OF QUARANTINE SERVICE:**  Fumigation Inspection Disinfection Other (specify)…………………………..……… | | | |
| **LOCATION WHERE QUARANTINE SERVICE(S) IS/ARE REQUIRED** | | |  |
| **TYPE OF COMMODITY/STORAGE AREA/PACKING FACILITY (Specify)** | | |  |
| **DATE REQUESTED** | | |  |
| **TIME REQUESTED** | | |  |
| **……………….………….. ………………………………..**  **Signature of Applicant NPPO Officer (assigned)** | | | |
| **3. OFFICIAL USE ONLY** | | | |
| Approval has been granted for the assigned staff to perform Quarantine Services for the aforesaid applicant.  …………………..…  **Supervisor** | | I hereby certify that payment(s) has/have been made in compliance with the Plant Protection Act 2011 and Plant Protection Regulation (Fees regulation)    …………………..… …………………..…  **Accountant/Cashier Receipt #** | |