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| COOPERATIVE REPUBLIC OF GUYANANATIONAL AGRICULTURAL RESEARCH & EXTENSION INSTITUTENATIONAL PLANT PROTECTION ORGANISATIONphs 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 #** |