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## APPLICATION FOR EXPORT INSPECTION AND PHYTOSANITARY CERTIFICATION - FORM COMPLETION

<b>Part I</b> Request (to be Completed by Exporter). Please refer to instructions before you complete form.							
<b>Section 1</b> Application Information							
<input checked="" type="radio"/> Original <input type="radio"/> Amendment to Original Application		References					
Country of Destination UNITED STATES				Shipping Date 2023-06-25		Required Inspection Date 2023-06-25	
<b>Section 2</b> Exporter Information							
Name Your name		Licence Number (if applicable) n/a		Street Address 5959 Student Union Boulevard (Gage) or host			
City Vancouver		Province BC		Postal code V6T 1K2			
If address must conform to specific formatting, enter it here (field will expand as required)							
<b>Section 3</b> Importer Information							
Name Your name		Street Address address where the plants will be planted			City your city		
Province or State		Country		Code (Postal / zip)			
If address must conform to specific formatting, enter it here (field will expand as required)							
<b>Section 4</b> Inspection Site and Address <input type="checkbox"/> Check if same as Exporter							
Name Vancouver Hardy Plant Study Weekend (Dana Cromie, Chair)				Street Address 1118 Lily Street			
City Vancouver		Province BC		Postal code V5L 4H6		Telephone number (required) 604-312-9194	
<b>Section 5</b> Shipment Information							
Means of Conveyance Road		Identify your car		Place of Origin British Columbia		Point of Entry your border crossing	
Number and Description of Packages				Distinguishing Marks			
<b>Section 6</b> Detailed Description of Product							
1	Quantity Declared see attached	Units	Name of Produce		Botanical Name		
Declared End Use of Product <input type="checkbox"/> Propagation <input type="checkbox"/> Non-propagation <input type="checkbox"/> Research <input type="checkbox"/> Other Specify - Other home garden							
Was a treatment applied to the product? <input type="radio"/> Yes <input checked="" type="radio"/> No		Date		Treatment Details			
Remarks (this field will expand as required)							
Add a Product		Remove Product					
<b>Section 7</b> Billing Information							
Contact Person your name			Telephone number		Bill To (Business Name)		
Business Address			City			Province	Postal code