



STATE OF ST. CHRISTOPHER AND NEVIS
DEPARTMENT OF AGRICULTURE

PHYTOSANITARY CERTIFICATE

THIS IS TO CERTIFY that the plants, parts of plants, or plant products described below or representative samples of them were thoroughly examined on _____

by _____

an authorized officer of the Department of Agriculture and were found, to the best of his knowledge, to be substantially free from injurious disease and pests, and that the consignment is believed to conform with the current phytosanitary regulations of the importing country both as stated in the additional declaration hereon and otherwise.

Fumigation or disinfection treatment (if any):-

Date _____ Treatment _____

Duration of exposure _____ Chemical and Concentration _____

Additional Declaration _____

Date _____ Signed _____

Official Status _____

DESCRIPTION OF CONSIGNMENT

Name and address of Exporter _____

Name and address of Consignee _____

No. and description of packages, weight _____

Distinguishing marks _____

Origin (Grown at) _____

Means of conveyance _____

Point of entry in Importing Country _____

Quantity and name of produce _____

Botanical name _____

No liability shall attach to _____ or to any office of
representative of the Department with respect to this certificate.