

PLANT QUARANTINE/PRODUCE INSPECTION UNIT JAMAICA

Application for Import Inspection

FORM PQ 2.02/6/01

DATE:

DESCRIPTION OF OPERATOR

TAXPAYER REGISTRATION NO. (TRN)

(* IF YOU DO NOT HAVE A VALID REGISTRATION NUMBER, PLEASE FILL FORM PQ 2.02/6/05)

IMPORTER NAME

IMPORTER ADDRESS

IMPORTER PHONE

IMPORTER FAX

IMPORTER E-MAIL

CONSIGNMENT DESCRIPTION

Country of Origin

REMARKS:

IMPORT PERMIT NUMBER

CROP COMMODITY DESCRIPTION

COMMON NAME

SCIENTIFIC NAME

QUANTITY (UNITS)

INTENDED USE



CONSUMPTION/TRANSFORMATION



PROPAGATION/REPRODUCTION

TRANSGENIC ORIGIN



YES



NO

LOCATION OF GOODS FOR INSPECTION

DATE AND TIME REQUESTED FOR INSPECTION

MEANS OF CONVEYANCE