

PLANT QUARANTINE/PRODUCE INSPECTION UNIT JAMAICA

PHYTOSANITARY IMPORT PERMIT REQUEST

FORM PQ 2.01/6/02

DATE:

DESCRIPTION OF OPERATORS		
TAX PAYER REGISTRATION NUMBER (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		
EXPORTER NAME AND EXPORTER ADDRESS		
PORT OF ENTRY	<input type="checkbox"/> Kingston <input type="checkbox"/> Montego Bay	
TYPE OF PERMIT	<input type="checkbox"/> Single Use <input type="checkbox"/> Multiple Use	
PLANT PART:		
TRANSGENIC ORIGIN	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTRY OF ORIGIN United States		
COMMODITY DESCRIPTION		
COMMON NAME	SCIENTIFIC NAME	QUANTITY (UNITS)
INTENDED USE:		
<input type="checkbox"/>	CONSUMPTION/TRANSFORMATION	
<input type="checkbox"/>	PROPAGATION/REPRODUCTION	

CROP COMMODITY DESCRIPTION contd.		
COMMON NAME	SCIENTIFIC NAME	QUANTITY (UNITS)
INTENDED USE: <input checked="" type="checkbox"/> CONSUMPTION/TRANSFORMATION <input type="checkbox"/> PROPAGATION/REPRODUCTION		

