



SHASTA COUNTY DEPARTMENT OF AGRICULTURE

3179 Bechelli Lane, Suite 210

Redding, CA 96002

Phone: 530-224-4949 Fax: 530-224-4951

PHYTOSANITARY CERTIFICATE APPLICATION STRAWBERRY ADDENDUM

GROWER NAME <i>(i.e. company name)</i>	ORIGIN COUNTY <i>(e.g. Merced, Shasta)</i>	CITY OR DESCRIPTION OF AREA WHERE GROWN	GROWER'S FIELD # OR DESIGNATION	PRODUCTION LEVEL <i>(foundation, registered, etc.)</i>	VARIETY	# OF PLANTS PER CARTON	NUMBER CARTONS	TOTAL # OF PLANTS
							TOTAL	

DATE OF APPLICATION: _____
 EXPORTER: _____
 CONTACT PERSON: _____
 TELEPHONE NUMBER: _____
 FAX NUMBER: _____

CONSIGNEE: _____
 DATE REQUIRED: _____
 PCIT TRACKING#: _____

PLEASE TYPE OR PRINT LEGIBLY.

RETURN AS E-MAIL ATTACHMENT AFTER SUBMITTING PCIT PHYTO APPLICATION.
 ALSO ATTACH ELECTRONIC COPY (SCAN) OF IMPORT PERMIT, IF APPLICABLE.