

# PLANT QUARANTINE/PRODUCE INSPECTION UNIT JAMAICA

## Application for Import Inspection

**FORM PQ 2.02/6/01**

DATE:

## DESCRIPTION OF OPERATOR

<b>TAXPAYER REGISTRATION NO. (TRN)</b>		(*) IF YOU DO NOT HAVE A VALID REGISTRATION NUMBER, PLEASE FILL FORM PQ 2.02/6/05	
<b>IMPORTER NAME</b>			
<b>IMPORTER ADDRESS</b>			
<b>IMPORTER PHONE</b>			
<b>IMPORTER FAX</b>			
<b>IMPORTER E-MAIL</b>			
<b>CONSIGNMENT DESCRIPTION</b>			
<b>Country of Origin</b>			
<b>REMARKS:</b>			
<b>IMPORT PERMIT NUMBER</b>			
<b>CROP COMMODITY DESCRIPTION</b>			
COMMON NAME	SCIENTIFIC NAME	QUANTITY (UNITS)	
<b>INTENDED USE</b>	<input type="checkbox"/> CONSUMPTION/TRANSFORMATION <input type="checkbox"/> PROPAGATION/REPRODUCTION		
<b>TRANSGENIC ORIGIN</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>LOCATION OF GOODS FOR INSPECTION</b>			
<b>DATE AND TIME REQUESTED FOR INSPECTION</b>			
<b>MEANS OF CONVEYANCE</b>			