



**Application for approval on Quarantine and Pre-shipment (QPS) fumigation
with Methyl bromide**

PLEASE NOTE: Completed application form to be accompanied by an official document issued either by national/international plant, animal, environmental or health authority authorizing treatment with Methyl bromide(Mb) 100 % and must reach this directorate **48 hours** before required fumigation. Fumigators, Exporters, Importers or authorised Agents to complete this form. The consignment must be fumigated within 7 days from date of approval and leave the country within 21 days after fumigation.

I _____ (Full name and Surname) of _____

(Company name) _____ (Physical Address) as Agent Exporter Fumigator
here-by apply for approval of QPS fumigation.

Signature of applicant _____ Date applying: _____

Tel: _____ Cell: _____

Email address: _____

PARTICULARS OF CONSIGNMENT

Name and address of the commodity owner: _____

Name of produce, mass or quantity to be fumigated: _____

Purpose of fumigation: Export Import Quarantine

If export state country: _____

TREATMENT DETAILS

Important: This document must be kept as record together with the corresponding fumigation certificate and the corresponding QPS recording sheet by the responsible fumigation company for audit purposes.

Estimated date of treatment _____ Estimated total volume (m³) _____

Estimated total gas to be fumigated (grams) _____

Fumigation Company and Address _____

ADDITIONAL DECLARATION

Important: Attach official documents requiring the fumigation (i.e. permit, directive, order etc.)

Name of document attached _____

FOR OFFICIAL USE ONLY

Date of Approval/Disapproval: _____

Official Name: _____

Signature: _____

Approved DALRRD Approval No.: _____

Not Approved: Comment: _____

