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| **COMPANY LETTERHEAD***(*Including physical address and contact details*)* |
| INSECTICIDE TREATMENT CERTIFICATE |

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| **Certificate Number:** |  | **Registration Number:** |  |

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| **CONSIGNMENT DETAILS** |
| Target of treatment | [ ]  Commodity [ ]  Packaging [ ]  Empty container |
| Target surface(s) description: [ ]  internal & external walls & door up to 1m [ ]  internal & external underside floor [ ]  door  |
| seals [ ]  other: Total area: m2 |
| Consignment link or container number(s) and size:  |
| Country of origin:  | Port of loading:  | Country of destination:  |
| Name and address of exporter:    | Name and address of importer:    |
| **INSECTICIDE DETAILS** |
| Insecticide(s) active constituent:1. 2.  | Concentration of active constituent:1. g/L or %2. g/L or % | Product name(s):1. 2.  |
| **TREATMENT DETAILS** |
| **Specified treatment rate**:Spray solution: LMinimum concentration: %Per m2Spray quality: microns to microns | **Treatment applied:**Concentrate: mLSpray solution: LConcentration: %Total target area: m2Dosage per 20m2: L/20m2Spray quality: microns to microns |
| Date of treatment:  | Location of treatment:  |
| **DECLARATION** |
| * I declare that all information on this certificate is true, complete, and accurate, and that the treatment has been applied in accordance with the Insecticide treatment methodology.
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| Signature:  | Name:  | *Company stamp* |
| Date:  |