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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: L  Minimum concentration: %  Per m2  Spray quality: microns to microns | | | **Treatment applied:**  Concentrate: mL  Spray solution: L  Concentration: %  Total target area: m2  Dosage per 20m2: L/20m2  Spray 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. | | | | |
| Signature: | | Name: | | *Company stamp* |
| Date: | |