



Government of Samoa
MINISTRY OF AGRICULTURE



QUARANTINE
Protecting Samoa's Natural Heritage
Palpat Samoa

APPLICATION FOR A PERMIT TO IMPORT PESTICIDES

FULL NAME OF IMPORTER IN SAMOA	FULL NAME OF EXPORTER
ADDRESS OF IMPORTER (VILLAGE)	ADDRESS OF EXPORTER
Phone/Fax Number: _____	Phone/Fax Number: _____

PESTICIDES PROPOSED FOR IMPORTATION

Tick box or fill in blanks where relevant

PRODUCT NAME	Active Ingredient(s) and concentration (g/Litre or g/Kg)	QUANTITY

PORT OF ENTRY

- Faleolo Airport
 Fagalii Airport
 Satitoo/Matautu Wharf
 Post Office

PROPOSED DATE OF ARRIVAL: _____

Signature of applicant

Date of application



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