



Government of Samoa
MINISTRY OF AGRICULTURE



Ph: 20924/22171 Fax: 20103

APPLICATION FOR A PERMIT TO IMPORT QUARANTINE MATERIALS

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

QUARANTINABLE MATERIAL PROPOSED FOR IMPORTATION

Tick box or fill in blanks where relevant

<input type="checkbox"/> Plant and Plant Products (Scientific name if possible)	QUANTITY	ADDITIONAL INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<input type="checkbox"/> Animals and Animal Products	QUANTITY	ADDITIONAL INFORMATION
_____	_____	1. Breed: _____
_____	_____	Age: _____
_____	_____	2. Breed: _____
_____	_____	Age: _____

<input type="checkbox"/> Stock Feed	QUANTITY	ADDITIONAL INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

<input type="checkbox"/> Marine Materials (Live or dead)	QUANTITY	ADDITIONAL INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

<input type="checkbox"/> Biological & Non-Biological Materials (e.g. vaccines)	QUANTITY	ADDITIONAL INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

END USE: Private Consignment (Valid for one month) Commercial Consignment (Valid to December every year)

PORT OF ENTRY

Faleolo Airport Maota Airport Matautu Wharf Post Office

PROPOSED DATE OF ARRIVAL: _____

 Signature of applicant

 Date of application