

**TREATMENT VERIFICATION FORM
 FOR EXPORT CERTIFICATION**



Nebraska Department of Agriculture
 Animal and Plant Health Protection, Entomology Program
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If a treatment needs to be stated on the export certificate, fill out this form and submit it with your export certificate application. **All blocks must be filled out completely.** Incomplete forms may result in delays issuing the export certificate.

Date of Treatment:	Treatment (<i>check one</i>): <input type="checkbox"/> fumigation <input type="checkbox"/> dip <input type="checkbox"/> slurry <input type="checkbox"/> drench <input type="checkbox"/> dust <input type="checkbox"/> liquid
Chemical (<i>active ingredient NOT trade name</i>):	Duration & Temperature:
Concentration:	Additional Information:

Name and quantity of commodity treated:

Rail car, container, lot number, etc., treated:

EPA registration number:

Date and time treated:

Date and time released:

Treatment done by (list applicator name & Pesticide Applicator ID #):

Firm Name (firm that did treatment): _____

Address: _____

City/state/zip: _____

The described plant material was treated with the proper dosage of pesticide in accordance with the label of the product used.

Name and Title of applicant: _____

Signature: _____ Date: _____