



REPUBLIC OF MAURITIUS

MINISTRY OF AGRO-INDUSTRY, FOOD SECURITY, BLUE ECONOMY AND FISHERIES

(NATIONAL PLANT PROTECTION OFFICE)

Application for Certification/Renewal of Post Entry Quarantine Inspection Facilities	
1.Name/Address of the Applicant (Mailing Address/ Telephone/Fax/Mobile/E-mail):	2. Registration No./Date:
3. Type of facility:	() Open field; () glass house; () Screen house; () Polyhouse and () Others: _____ (specify)
4. Location of Facility	
5. Name of Facility Operator & Contact Details (Telephone Number)	
6. No. of Units/ Extent of Facility (Floor Area/ Potting Space)	
7. Type of Plants/Plant Material and /or other Regulated Articles intend to import	
8. Quantity	
9. Date by which intend to import	
10. Origin	
11. Is the application made for the first time for approval & certification? (If the application is made for renewal, please indicate certificate number/date of certification and also attach original copy of certificate issued) () First time: () Renewal ()	

12. A brief description of facility (Enclose the diagrammatic sketch/plan of the facility). Use separate sheet.	
13. Date on which the Facility was established	
14. Any Additions/Modifications carried out to the Existing Facility. If 'Yes' give brief account of additions/modifications.	
15. Whether any standard operating procedures (SOPs) in place for the operation of the facility, including, record keeping pest monitoring & sanitation practices. If 'yes' attach a copy of SOPs	
16. Particulars of trained staff operating the Facility (Name/type of training/job/work experience)	
17. Any additional information	
<p>18. Declaration I hereby declare that the information furnished above is complete and correct to the best of my knowledge and belief.</p> <p>Date: _____ Place: _____</p>	

Annexure-2A: Application for Certification/Renewal of Postentry Quarantine Inspection Facilities 1.
Name/Address of the Applicant (Mailing Address/ Telephone/Fax/Mobile/E-mail):

Yes/No

11. Is the application made by the applicant is rejected/refused for approval & certification at any time? If 'yes' give reasons

Yes/No 12.

Yes/No

13.):

14. (Signature/Name/Stamp of Applicant/Date)