



## WESTERN AUSTRALIA / TASMANIA QUARANTINE DECLARATION REQUEST

### APPLICANT DETAILS

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

Disclaimer: By completing this form you acknowledge that you are the lawful owner of the seed lot(s) detailed herein or you have explicit permission by the lawful owner to receive the information requested herein.

LABORATORY TEST NUMBER AND LINE NUMBER	SPECIES AND CULTIVAR	ENDORSEMENT REQUIRED (Please tick)		HOW WOULD YOU LIKE TO RECEIVE YOUR AMENDED CERTIFICATE(S)?
		WESTERN AUSTRALIA <i>(includes percentage of soil)</i>	TASMANIA <i>(includes percentage of soil)</i>	
				EMAIL <input type="checkbox"/> SEEDS ONLINE ACCESS <input type="checkbox"/> HARD COPY <input type="checkbox"/>
				EMAIL <input type="checkbox"/> SEEDS ONLINE ACCESS <input type="checkbox"/> HARD COPY <input type="checkbox"/>
				EMAIL <input type="checkbox"/> SEEDS ONLINE ACCESS <input type="checkbox"/> HARD COPY <input type="checkbox"/>

OFFICE USE ONLY. Date & initial	Certificate Amended <input type="text"/>	Sent to ADOS <input type="text"/>	Emailed to Client <input type="text"/>	Hard Copy Posted <input type="text"/>	Invoiced <input type="text"/>
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