PUC POR

GOBIERNO DE PUERTO RICO

Departamento de Agricultura

REQUEST FOR INTRODUCTION OF PRODUCTS TO THE COMMONWEALTH OF PUERTO RICO

	Date:	
No. Import:	Application No.:	
		(for internal use)
(for internal use)		
Name:		
Physical Address:		
Postal Address:		1 Carrier
Pesidential Phone:	Cell Phone:	
Office Phone:	Fax:	
Email:		
PRODUCTS TO BE IMPORTED:		
Species:	Breed:	
Quantity:		
The American Provide State		
State or Territory of origin:		
Arrival date:	Time:	
Maritime or Air company:		
Flight or vessel number:		
Port or airport of arrival:		
FINAL DESTINATION IN PUERTO RICO:		
Name:	Phone:	
Physical Address:		
Integrity Agrocommercial Office. Pda. 19 1/2 Santurce PR 00908	Commonwealth of Puerto Rico DEPARTMENT OF AGRICULTURE	
Phone 787-723-1568		PAGE 1 O



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DOCUMENTS REQUIRED FOR IMPORT

Official Interstate Health certificate must include:

- a) Species
- b) Breed
- c) ID (see ID required by species)
- d) Sex
- e) Age
- f) Prepared and signed by a USDA accredited veterinarian in the U.S. State of Origin
- g) Applicable certificate statements by species
- h) Laboratory tests according to species

***THE HEALTH CERTIFICATES AND LABORATORY TESTS WILL BE VALID FOR 30 DAYS FROM THE DATE ISSUED.

Signature of Importer or representative

*** FOR EXCLUSIVE USE OF DEPARTMENT OF AGRICULTURE***

Signature Secretary of Agriculture or Authorized Representative Department de Agriculture

Referred:

Inspector Name

Date:

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