

Application for Health Certificate / Certificate of Origin.Indicate the application sought for: Fishery product ☐ Live Bivalve Mollusc ☐

Manufacturer: _____ Approval Number: _____

Exporter/Shipping Agent: _____

Destination (If known): _____

Product Identification: _____

Description of Product: _____
(e.g.smoked fillets)

Species	Quantity: Total	Kg x units	x cartons	Batch Code

Signature of Applicant: _____

Name (please print): _____

Position in Company: _____

Results of any applicable sample analysis, for the product(s) listed above, must be provided:

Last Sampling Date of Product: _____ Sampled by: _____

Type of analysis: Microbiological: ☐ Chemical: ☐ Biotxin: ☐ Other: _____
(please specify)

Sample Results: _____

Please attach copies.

For Official Use Only:

Date of Inspection: _____ Batch Codes of Product inspected: _____

Remarks: _____

Health Certificate issued by: _____

Position: _____

NOTE: This completed form together with a copy of the Health Certificate/Certificate of Origin as issued, and copies of relevant sample results must be retained on SFPA premises file.