



**Ministry of Agriculture
Crop Protection Service
Phytosanitary control**

Application for Approved Place of Inspection of Plant Health controlled commodities imported into Sierra Leone.

Applicant should submit application together with copy of the site plan, including documents or data detailing the commodities which have previously been imported from outside ECOWAS Member States through ECOWAS by the importer in the last year of operation, this is essential to meet Sierra Leone's requirements for the approval and operation of Plant Health Inspection Facilities at Place of Inspection.

This form should either be completed electronically or in block letters using black ink only.

Completed form should be posted to:

**Sierra Leone Plant Health Inspection Service
Ground Floor, Youyi Building
Brookfield's, Freetown**

Alternatively, email it as an attachment to cropprotection@maf.gov.sl

PART I – APPLICANTS DETAILS

1. Name of applicant or Company name

2. Full address and postcode of company if available

3. Address and postcode of premises if different from postal address

4. Telephone No. (including country dialing code)

5. Mobile No

6. Name of company contact/ responsible person

7. E-mail address of the company

PART II – ABOUT YOUR BUSINESS

8. What type of premise are you? (e.g. Warehouse handling Produce, Farm/plantation, Nursery, Office):

9. Are you:

• Importer of plants, plant products, soil media and other commodities

Yes No

• Clearing/importing Agent acting on behalf of other business.

Yes No

(Circle/tick appropriate answer)

10. Do you import plants, plant products or soil media from:

• ECOWAS countries?

Yes No

• Non- ECOWAS countries?

Yes No

• Both?

Yes No

(Circle/tick appropriate answer)

Please provide a list of commodities proposed to be handled at Approved Place of Inspection (continue on a separate sheet if necessary)

Serial Number	List Commodities(Plants, Produce, Plant products)	C N Codes*	Quantities(Kgs) /Volume month by month	Number of consignments/Day

PART III – DECLARATION

- I declare that the information that I have given on this form is correct. I confirm that I have read and agree to follow the requirements as stated within the Manual for the approval and operation of plant health inspection facilities at Places of First Arrival.

Signature

Date

Name in

Position

Block

Capitals

Once your application for registration has been processed you will receive notification of your registration number (client reference number), and your local Plant Health inspector will be in touch to discuss the details of approval process.

Date received:

FOR OFFICIAL USE

Plant health Registration no.