

Disinsection Treatment Certificate Format

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|-----------------------------------|--|---|--|---------------------|--|
| Transportation Name and code | | Place of departure | | Stopover ports | |
| Container code | | Place of departure | | Stopover ports | |
| Name of Treatment agency | | Acceptance person | | Treatment date/time | |
| Description of treatment | | | | | |
| Treatment method | | Chemical used and concentration | | Treatment hours | |
| Applicant and contact information | | Person in charge of treatment and contact information | | Remarks | |