**Colorado Department Of Agriculture**
**Plant Industry Division**
**700 Kipling Street, Suite 4000**
**Lakewood, Co 80215-5894**
**Telephone No. (303) 239-4154 Fax No. (303) 239-4177**

# APPLICATION FOR CERTIFICATE OF ORIGIN

## PLEASE COMPLETE THIS FORM AND FAX IT TO (303)239-4177.

## ORIGINAL CERTIFICATE WILL BE MAILED AND FAXED TO REQUESTING COMPANY, UNLESS OTHERWISE INSTRUCTED

**DATE:** _____

**DESTINATION (COUNTRY OR STATE):**_____

## DESCRIPTION OF CONSIGNMENT

| | |
|---|---|
| COMPLETE NAME AND ADDRESS OF EXPORTER/SHIPPER: | COMPLETE NAME AND ADDRESS OF CONSIGNEE: |
| TOTAL QUANTITY/WEIGHT AND TYPE OF COMMODITY: | BOTANICAL NAME OF PLANTS (IF KNOWN): |
| NUMBER AND DESCRIPTION OF PACKAGES: | PLACE OF ORIGIN **(MUST INCLUDE COUNTY):** |
| MEANS OF CONVEYANCE: | POINT OF ENTRY (IF KNOWN) |

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|---|---|
| **REQUESTING COMPANY NAME AND ADDRESS:** | |
| **PERSON TO CONTACT CONCERNING THIS APPLICATION:** | |
| **TELEPHONE NO.**<br><br>**FAX NO.** | |