

# PRODUCTION

## UNIT CODE

***REGISTRATION OF FIELDS FOR EXPORT OF SEED AND TABLE POTATOES***

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***APPLICATION FOR FIELD INSPECTION***

* This registration is a ONCE OFF registration, which is valid for one circle/field only, during any growing season.
* Application must be submitted within 21 day’s after planting
* **The completed form must be submitted to Agricultural Products Inspection Services Private Bag X 258 Pretoria 0001 Tel (012) 319-6113/6123/6272/6066 Fax (012) 319-6131**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **VARIETY** | **FARM WHERE PLANTED** | | **Ha** | **FIELD NUMBER/**  **CODE** | **FLOWERING DATE** | **DATE OF HARVESTING** | **COUNTRY OF IMPORT** |
| **NAME** | **DISTRICT** |
|  |  |  |  |  |  |  |  |
| * **A location map of the farm for seed and table potatoes as well as the specific position on the farm must accompany this application** * Phytosanitary requirements of the importing countries Plant Health Authority must accompany this application * In case of seed potatoes the relevant proof of registration with the official SA Potato Certification Scheme to be provided.   Name of grower / Producer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the exporter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Block letters)  Telephone number of grower / Producer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal address of exporter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of grower / Producer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel number of exporter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fax number of grower / Producer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number of exporter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number of grower\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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