

# REQUEST FOR EXPORT INSPECTION

(Foreign or Domestic)

SEE INSTRUCTIONS ON REVERSE SIDE

**PLEASE TYPE THIS FORM AND RETURN IT TO:**

Kansas Department of Agriculture  
Plant Protection & Weed Control  
1320 Research Dr.  
Manhattan, Kansas 66502

**Phone:** 785-564-6698  
**FAX:** 785-564-6779

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**APPLICANT NAME:**

**ADDRESS:**

**TELEPHONE:**

**FAX:**

**CONTACT PERSON:**

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**LOCATION OF COMMODITY:**

**CONTACT PERSON:**

(if different)

**DESTINATION COUNTRY/STATE:**

(if known)

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**COMMON NAME OF COMMODITY:**

**QUANTITY OF COMMODITY:**

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**DATE NEEDED:**

**SIGNATURE OF APPLICANT**

**DATE**

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**FOR OFFICIAL USE ONLY**

**DATE REQUEST RECEIVED:**

**REQUEST ROUTED TO:**

## Instructions for completing a Request for Export Inspection

### **PLEASE DO NOT USE ABBREVIATIONS**

1. **APPLICANT NAME AND ADDRESS.** Include the company name, address, telephone number, FAX number, and contact person.
2. **LOCATION OF COMMODITY.** Indicate the location of the commodity to be inspected. Also include the name of a contact person at the inspection site if different than that provided with the address information above.
3. **DESTINATION.** If the destination of the commodity is known, please indicate this on the form.
4. **COMMON NAME OF COMMODITY.** Indicate the common name of the commodity to be inspected.
5. **QUANTITY OF COMMODITY.** Indicate the approximate quantity of the commodity to be inspected. Any unit of measure (bushels, pounds, plants, etc.) can be used.
6. **DATE NEEDED.** Indicate the date the inspection is needed.
7. **SIGNATURE.** The person requesting the inspection should sign and date the request.

This request form may be returned through the mail or by FAX to this office. Upon receipt of each request, the appropriate staff person will be contacted to arrange for the inspection.

Please feel free to contact this office if questions arise.