



**Application Form
For
Permit to Import any Plant, Plant Product or Regulated Article**

| | | |
|--|--|---------------------------------------|
| Full Name of Applicant | | |
| Address | | |
| Contact No. | | |
| Contact Email | | |
| Name and Address of exporter or person from whom the plant, plant products or regulated article will be obtained | | |
| | | |
| | | |
| | | |
| Intended use of material | | |
| Quantity | Scientific name | Common name |
| | | |
| | | |
| | | |
| | | |
| Country of Origin | | |
| Exact location in St.Kitts and Nevis where plant, plant product or regulated article will be grown or utilized | | |
| Method of shipment: | | |
| Air Freight <input type="checkbox"/> | Baggage <input type="checkbox"/> | Sea Freight <input type="checkbox"/> |
| Air Mail <input type="checkbox"/> | Over Night mail <input type="checkbox"/> | Surface Mail <input type="checkbox"/> |
| Port of Entry | | |
| Approximate date and time of arrival of shipment | | |
| Any other relevant information | | |
| Signature of Applicant or Agent | | |
| Date | | |

Quarantine Unit
Department of Agriculture
P.O BOX 39
La Guerite
Basseterre
St Kitts
Tel: 1-869-465-2335
Email: quarantineassistantstk@gmail.com