COMPANY LETTERHEAD

(including address as it appears on the AFAS treatment providers list)

AFAS – METHYL BROMIDE FUMIGATION CERTIFICATE

Certificate number: ☐ **AFAS registration number:** ☐

TARGET OF FUMIGATION DETAILS

Target of fumigation: ☐ Commodity ☐ Packing ☐ Both Commodity and Packing

Commodity: .....

Consignment link: .....

Country of origin: ..... Port of loading: ..... Country of destination: .....

Name and address of exporter:	Name and address of importer:
.....	.....
.....	.....
.....	.....

TREATMENT DETAILS

Date fumigation completed: ..... /...../ ..... Place of fumigation: .....

AQIS prescribed dose rate (g/m^3): ..... Exposure period (hrs): .....

Forecast minimum temp (°C): ..... Applied dose rate (g/m^3): .....

How was the fumigation conducted? ☐ Stack under sheet ☐ Container/s under sheet

☐ Permanent Chamber ☐ Pressure tested container/s

Container number/s (where applicable): .....

Does the target of the fumigation conform to the AQIS plastic wrapping, impervious surface and timber thickness requirements at the time of fumigation? Yes ☐ No ☐

Ventilation Final TLV reading (ppm): ..... (not required for Stack or Permanent Chamber fumigations)

DECLARATION

By signing below, I, the AFAS accredited fumigator responsible, declare that these details are true and correct and the fumigation has been carried out in accordance with all the requirements in the AQIS Methyl Bromide Fumigation Standard.

ADDITIONAL DECLARATIONS

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Signature Date

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Name of Accredited Fumigator AFAS Accreditation Number

Company stamp