REQUEST FOR INSPECTION / SAMPLING OF COMMODITIES FOR EXPORT

State Form 53118 (12-10)

INDIANA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENTOMOLOGY & PLANT PATHOLOGY
402 West Washington Street, Room W290
Indianapolis, IN 46204-2649
Telephone number: (317) 232-4120
Fax number: (317) 232-2649

INSTRUCTIONS:
1. *Please allow at least 3-7 days prior notice for inspection.*
2. *Remember to allow at least 2-3 weeks, or more, for some laboratory results.*
3. *It is the company's responsibility to provide bags, probes, meters, scales, etc. to be used in the inspection.*
4. *Completed copies of this form should be mailed it to the above address or faxed to the above fax number.*

FACILITY INFORMATION

Name of company	Date *(month, day, year)*
Name of contact person	Telephone number ( )
Address *(number and street, city, state and ZIP code)*	
Direction to facility *(Please give directions from nearest main roads)*	

Date inspection is requested *(month, day, year)*	Name of contact person at facility	Telephone number ( )

PRODUCT INFORMATION

Product to be tested	Origin of product
Anticipated country(ies) of export	Quantity to be exported

Facility to test seed samples:
☐ Iowa State University Seed Testing Laboratory ☐ Professional Seed Research, Inc.

Is product already bagged? ☐ Yes ☐ No | If Yes, Number of bags

Does this request accompany an application for a Phytosanitary Certificate? ☐ Yes ☐ No

VARIETY NAME(S)	LOT NUMBER(S)