

 <p>BUREAU OF FISHERIES AND AQUATIC RESOURCES  <b>FISHERIES INSPECTION AND QUARANTINE DIVISION</b>          Fisheries Bldg. Complex, BPI Compound, Brgy. Vasra, Visayas Ave., Quezon City</p>	Document Type: <b>Supporting Document</b>	
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	Document Title: <b>Request Form for Health Certificate of Live Food Fish</b>	

Control No.: HCLFF20\_\_\_\_-\_\_\_\_-\_\_\_\_-

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Type of Application** :             **New**                       **Amend**

Company Name : \_\_\_\_\_

Name of Forwarder : \_\_\_\_\_

Type of Commodity : \_\_\_\_\_

Scientific Name : \_\_\_\_\_

Date of Shipment : \_\_\_\_\_

Consignee's Name : \_\_\_\_\_

Country Destination : \_\_\_\_\_

Quantity/No. Of HC : \_\_\_\_\_

Reference No. : \_\_\_\_\_

**Attached Requirements:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Application Form     | <input type="checkbox"/> Invoice/Packing List | <input type="checkbox"/> Parasitological Results | <input type="checkbox"/> Authorization of Forwarder |
| <input type="checkbox"/> Quarantine Clearance | <input type="checkbox"/> Certification        | <input type="checkbox"/> Residue Analysis        | <input type="checkbox"/> Vibrio Parahaemolyticus    |
| <input type="checkbox"/> Lead                 | <input type="checkbox"/> Cadmium              | <input type="checkbox"/> Mercury                 | <input type="checkbox"/> Arsenic                    |
| <input type="checkbox"/> <i>E. coli</i>       | <input type="checkbox"/> Salmonella           | <input type="checkbox"/> Listeria Monocytogenes  | <input type="checkbox"/> Old HC (if necessary)      |
| <input type="checkbox"/> Vibrio Cholera       | <input type="checkbox"/> PSP Results          | <input type="checkbox"/> NFRDI Certification     |   |

\_\_\_\_\_  
 Name and Signature of Representative                      Assessed by                      Date                      Time

**CLAIM STUB**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Type of Application** :             **New**                       **Amend**

Company Name : \_\_\_\_\_

Type of Commodity : \_\_\_\_\_

Country Destination : \_\_\_\_\_

Reference No. : \_\_\_\_\_                      Quantity/No. Of HC: \_\_\_\_\_

Remarks : \_\_\_\_\_

\_\_\_\_\_  
 Name and Signature of Representative                      Released by                      Date                      Time

Control No.: HCLFF20\_\_\_\_-\_\_\_\_-\_\_\_\_-