

 <p>BUREAU OF FISHERIES AND AQUATIC RESOURCES FISHERIES INSPECTION AND QUARANTINE DIVISION Fisheries Bldg. Complex, BPI Compound, Brgy. Vasra, Visayas Ave., Quezon City</p>	Document Type: Supporting Document	
	Document No.: FN-FCS-010	Rev. No.: 00
	Effectivity Date: May 2, 2022	Issue No.: 01
	Document Title: Request Form for Health Certificate of Live Tropical Fish	

DATE: _____
 TIME: _____

Company Name:			
Company Address:			
Company Representative:			
Contact No:			
Quantity:	Invoice No:	Value:	
Date of Shipment:			
Country of Destination:			
Name of Consignee:			
Address of Consignee:			
Type of Application:	New ()	Amend ()	
Type of Commodity:			
Fishes: () Crustaceans: () Mollusks: () Invertebrates: ()			
Attached Requirements:			
() Request Form () Actual Invoice () Certification			
() Amendment Letter (if amend) () HC Original Copy			
(If Amend) () Laboratory Analysis (if needed) (Authorization)			
Signature of Rep:	Assessed by:	Prepared by:	Released by: Date