 <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-012	Rev. No.: 01
	Effectivity Date: June 1, 2022	Issue No.: 02
	Document Title: Application Form S/HC of Fresh Chilled, Frozen Fish and Other Fishery/Aquatic Products	

I have the honor to apply for a Sanitary Health Certificate, DS-2031 for shrimp the exports to the United States of America, Certificate of Free Sale, others (specify) _____ for the export of fishery products the details of which are as follows:

HC Language (for TRACES):


Shipping Information

Name of Consignor/Exporter:	Name of Consignee/Buyer:
Address of Consignor/Exporter:	Address of Consignee/Buyer:
Port of Departure:	Country of Destination:
Date of Departure:	Port of Entry:
Means of transport: <input type="checkbox"/> By sea/Seafreight	<input type="checkbox"/> By Air/Airfreight
Name of vessel:	Flight number:
Container numbers (By sea/Seafreight Only):	
Seal numbers (By sea/Seafreight Only):	

Origin of Products

Name of Approved Establishment/Manufacturer:	Approval Number:
Address of Approved Establishment/Manufacturer:	
Production mode: <input type="checkbox"/> Wild-caught	<input type="checkbox"/> Aquaculture
<input type="checkbox"/> Fresh water <input type="checkbox"/> Sea water	<input type="checkbox"/> Fresh water <input type="checkbox"/> Sea water
Catch area:	Aquaculture area:
Name of Fishing Vessel:	Name of Aquaculture Farm:
Registration number:	Registration number:
Flag state:	Address of Aquaculture Farm:
Name of Fishing and Factory Vessel (if applicable):	Name of Transport Freezer Vessel (if applicable):
Registration number:	Registration number:
Flag state:	Flag state:

Reference Number: _____

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Name of Independent cold storage for raw materials (if applicable):		Name of Independent cold storage for products (if applicable):	
Address of Independent cold storage for raw materials (if applicable):		Address: of Independent cold storage for products (if applicable):	
Registration number:		Registration number:	
Description of Commodity			
Description of Commodity	Scientific Name	Production Date	Lot/Batch/Product No.
1.			
2.			
3.			
4.			
Quantity of Commodity			
Net Weight	Gross Weight	No. of Packages	Declared Value
1.			
2.			
3.			
4.			
Attestation			
I hereby confirm/attest that all information stated above and in the supporting documents are true and correct to the best of my knowledge.			
Printed name signature (Company Representatives)			
Received by:		Date and time:	

Required Supporting Documents

Document	Commodity	Country
Packing List	All	All
Pro-forma Invoice	All	All
Pre-shipment Inspection Report	All	All
Laboratory Test for Paralytic Shellfish Poison (PSP)	Bivalve Molluscs/Shellfish	All
Laboratory Test for: <ol style="list-style-type: none"> 1. Taura syndrome 2. Infectious hypodermal and hematopoietic necrosis (IHHN) 3. Yellowhead Disease (YHD) 4. White Spot Disease (WSD) 5. Infectious Myonecrosis (IMN) 6. White Tail Disease (WTD) 7. Acute Hepatopancreatic Necrosis Disease (AHND) 8. Necrotising hepatopancreatitis (NHP) 	Shrimp	South Korea
Laboratory Test for Tilapia Lake Virus	Tilapia	South Korea

Reference Number: _____