Bureau of Fisheries and Aquatic Resources FISHERIES INSPECTION AND QUARANTINE DIVISION Fisheries Building Complex, Bureau of Plant Industry Compound Visayas Ave., Diliman, Quezon City	Document Type: **Supporting Document**	
	Document No.: **FN-FCS-010**	Rev. No.: **01**
	Effectivity Date: **October 23, 2024**	Issue No.: **02**
	Document Title: **Application Form for Health Certificate of Live Tropical Fish**	

DATE: _____
TIME: _____

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

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 Commodity:		
( ) Fishes	**( ) Crustaceans**	**( ) Mollusks** **( ) Invertebrates**
Attached Requirements:		
( ) Request Form	( ) Special Power of Attorney	
( ) Actual Invoice	( ) Endorsement	
( ) Packing List	( ) Letter to Replace HC (if replacement)	
( ) Laboratory Analysis (if needed)	( ) HC Original Copy (if replacement)	
( ) Local Transport Permit		
Signature of Rep: **Assessed by:** **Prepared by:** **Released by:** **Date**		