



BUREAU OF AGRICULTURE

istry of Natural Resources, Environment & Tourism
Republic of Palau

APPLICATION FOR QUARANTINE IMPORT PERMIT

ROP #: _____

1. Name of Applicant or Importer:	5. Today's Date:
2. Address of Applicant or Importer Telephone Number:	6. Country of Origin of Materials:
3. Name and Address of Exporter:	7. Proposed date of arrival: _____
	8. Permit Validation(Choose one) ____ 30 days ____ 6 months ____ 60 days ____ 90 days
4. Signature of Applicant or Importer:	8. Method of Importation (Sea/Air/Mail):
	9. Port of Entry into Palau:
10. Description and quantity of materials:	
Name: Breed: Weight: Age:	Color: Sex:
Condition of Application: - Applications must be filled completely and signed by importer. - Plants must have scientific names or permit will not be issued. - Exporters name and address must be written. - No permits will be issued if shipment has arrived in the Republic. - Single entry permit is valid for 30, 60, 90 days and multiple for 6 months. (6 months. for business only)	

P.O. Box 460, Koror, Republic of Palau 96940
Tel.: (680) 587-2504 Fax: (680) 587-1518 E-mail Address: ffms@palaunet.com