



GOVERNMENT OF BERMUDA
Ministry of Health, Seniors and Environment

Department of Environmental and Natural Resources

CHRISTMAS TREE PRE-INSPECTION REQUEST FORM

**** PLEASE NOTE: ONCE YOU HAVE COMPLETED THIS FORM AND RETURNED IT TO THE PLANT PROTECTION LABORATORY, YOU ARE COMMITTED TO PAY THE PRE-INSPECTION COSTS, REGARDLESS OF ANY CHANGES TO YOUR ORDER****

| | | |
|---|--------|------|
| Importer | | |
| Contact Person | Email: | |
| Address | | |
| Contact Numbers | Tel: | Fax: |
| Exporter/Tree Supplier | | |
| Contact Person | Email: | |
| Address | | |
| Contact Numbers | Tel: | Fax: |
| Number of lots to be inspected (No more than two) | | |
| Plantation / Tree Location(s) To Be Inspected | | |
| Quantity and Type of trees | | |

I agree to pay the pre-inspection costs requested by this Department.

Signature: _____ Date: _____

- Upon completion please fax to 232-4866 or 236-7582 along with your application.