

## **Department of Agriculture**

## Dipåttamenton Agrikottura

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Chelsa Muña Director Roy Gamboa Deputy Director

## Joshua F. Tenorio Lt. Governor

## DIVISION OF AQUATIC & WILDLIFE RESOURCES CERTIFICATE OF ORIGIN for EXPORT OF AQUATIC OR WILDLIFE SPECIMENS

List all requested information, insufficient details may lead to the rejection of the Certificate of Origin application.

					ays and can only be used for one	
(1) shipment.	•					
Please PRINT clearly in the fields below to ensure that your informat Requested By:				rocessed correctly. uested Date:	No. of COO Requested:	
Requested by.			Reg	uested Date.	No. of COO Requested.	
Exporter's Citizenship (Check One)						
☐ US: United States ☐ Palau ☐ FSM: Federated States of Micronesia ☐ RMI: The Republic of the Marshall Islands ☐ Other						
Evnoutou's Name on Dysiness Name			T	Importer's Name / Company:		
Exporter's Name or Business Name:			ППР	Importer's Name / Company.		
E 4 2 A 11			Long	I		
Exporter's Address:			Imp	Importer's Address / Company Address:		
Telephone:			Tele	Telephone:		
Email:				Email:		
Date of Departure/Shipment:						
Method of Preservation:						
Method of Packaging:						
Exporting Through: (Check One)						
☐ Air (Passenger Baggage) ☐ Air (Post Office) ☐ Air (Cargo) ☐ Ocean Freight / Sea (Ship)						
Are you exporting to a research affiliate? Yes / No Name of research affiliate:						
Note: If additional space is needed, please attach a separate sheet with information clearly labeled.						
SPECIES EXPORT INFORMATION						
How were contents acquired? □ Aquaculture □ Importation □ Scientific Collection/Research Permit □ Small Mesh Net						
List the Permit Re			- Importation	n a perentific concer	on research Fermit	
Scientific Name *Required			(	Common Name	Number of Pieces *Required	
1					-	
2						
3						
4						
5						
Submit Certificate			nits@doag.gua		VR at 671-735-0294/81	
FOR OFFICAL USE				COO Issue No:	COO Issue No:	
DAWR ADMIN:	Initials:	Date Fw		TOTAL OUANT	FITY OF CDECIEC.	
FISHERIES:	FISHERIES: Initials: Date Fwd:/ WILDLIFE: Initials: Date Fwd:/				TOTAL QUANTITY OF SPECIES:  USAGE: Personal / Commercial / Sci. Research / Educational	
DIVISION CHIEF: Initials: Date Fwd:/					PERMIT FEE:	
PERMIT/CERT. RECEIVED:					RECEIPT NO: AGR -	
			1 === 5 === = 1101	-		