

## GOVERNMENT OF BERMUDA Ministry of Health, Seniors and Environment

**Department of Environment and Natural Resources** 

## **APPLICATION FOR RELEASE FORM**

## DO NOT RELEASE FLOWERS TO CUSTOMERS PRESENTING THIS FORM

Please complete this form, attach a copy of the full invoice and fax or deliver this information to the Plant Protection Laboratory for processing. We will contact you to pick up your release form.

IMPORTER:	
CONTACT PERSON:	
CONTACT NUMBER:	
Release form #:(Office use only):	
COUNTRY/STATE OF ORIGIN:	
EXPORTER:	
NATURE OF SHIPMENT:	
(I.E. Flowers or Greenery)	
QUANTITY OF BOXES OF FLOWERS:	
QUANTITY OF BOXES OF SUPPLIES:	
DATE OF ARRIVAL:	
AIRLINE/ OCEAN FREIGHT:	
FLIGHT/ CONTAINER NUMBER:	