1. ANNEX 2: FORMS

APPLICATION FOR AUTHORIZATION

To

The Managing Director
Kenya Plant Health Inspectorate Service
P.O Box 49592 - 00100
NAIROBI

1. Applicant’s Information

Name: ______________________________________
Postal Address: _________________________________
Physical address ________________________________
Telephone: _________________________________
email: ________________________________________

For Entities:

Registration certificate number (attach copy)
____________________________________________
Number of technical staff ________________________ (provide list separately and qualifications).

For Individuals:

Education level(s) _________________________________________________________
(attach certificates)
Number of years of relevant experience ________________________________
(attach documentary evidence)

2. Aspects of authorization being sought (tick where appropriate)

i. Field inspection
ii. Processing inspection and sampling
iii. Sampling and testing
iv. Labeling and sealing

I/We wish to deal with the following crop(s) or groups of crops

i. Maize and sorghum (Both Hybrids & OPV)
ii. Small cereals (wheat, barley, oats, Millets etc.)
iii. Pulses (beans, broad bean, chickpea, cowpea, pea, Dolichos, etc.)
iv. Oil crops (sunflower, soya beans, sesame, oilseed, linseed, groundnuts etc.)
v. Root and tuber crops (Irish potato, cassava, sweet potato, etc.)
vi. Herbage grasses (Rhodes, setaria, sudan, guinea grass, etc.)
vii. Pasture legumes
viii. Vegetables.
ix. Flowers (pyrethrum, etc.)

For laboratories:

3. I/We wish to apply for the following tests (tick appropriately)

i. Purity (compulsory)
ii. Germination (compulsory)
iii. Moisture
iv. Seed health (Specify)
v. Confirmation of transformation event
vi. Other relevant tests.

The methods for which authorization is being sought based on 3 above:

i. __________________________________________
ii. __________________________________________
iii. __________________________________________
iv. __________________________________________
v. __________________________________________

Do you have adequate facilities and equipment (Yes/No)

If yes list as per guidelines requirement.

i.
ii.
iii.
I enclose a cheque of KShs. --------------- in payment for this application (See the authorization guideline on our website).

In signing this application I/We declare that I/We are conversant with the various articles and requirements and the guidelines and also applicable clauses in the Seeds and Plant Varieties Act (Cap 326).

Name _____________________________ sign ______________ Date: ______________

Name _____________________________ sign ______________ Date: ______________

Name _____________________________ sign ______________ Date: ______________

Official stamp

Attach any other relevant document as required by the guidelines.

FOR OFFICIAL USE ONLY

Application received on

Verification verdict (Approved/Rejected)