

**BELIZE AGRICULTURAL HEALTH AUTHORITY
ANIMAL HEALTH DEPARTMENT**

REQUEST FOR IMPORT RISK ANALYSIS

Date:		Office:	
Requested by:		Recorded by:	

CLIENT

Name:			
Address:			
	Tel/fax:		
	Email		

Commodity	Description	
	Type:	Species
		Purpose:
	Scientific Name:	Quantity
		Perishable: <input type="checkbox"/> Shelf stable: <input type="checkbox"/>
		Purpose:

Country and area of origin	
Country and area of manufacture	
Country in-transit	
Mode of transportation	Land <input type="checkbox"/> Air <input type="checkbox"/> Sea <input type="checkbox"/>
Port of entry	Santa Elena <input type="checkbox"/> PGIA <input type="checkbox"/> Belize Port <input type="checkbox"/> Benque <input type="checkbox"/> Other <input type="checkbox"/>

Details of process:

ADMINISTRATIVE USE

Request forwarded to:	1. Ms. Cabb (SPS) <input type="checkbox"/>		
	2. Dr. Gongora <input type="checkbox"/> Dr. Figueroa <input type="checkbox"/> Dr. Depaz: <input type="checkbox"/> <input type="checkbox"/> Mr. Francisco Gutierrez: <input type="checkbox"/> <input type="checkbox"/> Dr. Michael DeShield: <input type="checkbox"/>		
Date forwarded:	Dd/mm/yyyy: / /	Receipt No:	