



**UNITED STATES
DEPARTMENT OF
AGRICULTURE**

**ANIMAL AND
PLANT HEALTH
INSPECTION
SERVICE**

**PLANT PROTECTION
AND QUARANTINE**

CERTIFICATE OF APPROVAL

FOR: _____
TYPE OF FACILITY

This treatment facility and associated equipment have been examined and found acceptable for use in the treatment of articles regulated under the provisions of quarantines and regulations administered by Plant Protection and Quarantine.

NAME OF FACILITY OPERATOR

LOCATION

CONDITIONS OF APPROVAL:

DATE APPROVED CERTIFYING OFFICIAL

EXPIRATION DATE TITLE