



# APPLICATION FOR SEAFOOD IMPORTATION (USA)

## I. TYPES OF FOODS PROPOSED FOR IMPORTATION

- |                                  |                                 |                                |
|----------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Lobster | <input type="checkbox"/> Crab   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Conch   | <input type="checkbox"/> Whelks | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Shrimp  | <input type="checkbox"/> Fish   | <input type="checkbox"/> _____ |

## II. DETAILS OF IMPORTER

- a) Name of Importer: \_\_\_\_\_
- b) Name of Firm / Company: \_\_\_\_\_
- c) Address of the Importer: \_\_\_\_\_
- d) Telephone Number: \_\_\_\_\_ e) Fax Number: \_\_\_\_\_

## III. DETAILS OF EXPORTER

- a) Name of Seafood Plant: \_\_\_\_\_
- b) Address of the Plant: \_\_\_\_\_
- c) Name of contact person: \_\_\_\_\_
- d) Telephone No: \_\_\_\_\_ e) Fax No: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Importer: \_\_\_\_\_

PLEASE RETURN THIS FORM ALONG WITH THE SUPPORTING DOCUMENTS OUTLINED IN THE GUIDELINES FOR IMPORTATION OF SEAFOOD INTO THE CAYMAN ISLANDS TO:

**THE DEPARTMENT OF AGRICULTURE P.O. BOX 459 GT, GRAND CAYMAN KY1-1106**  
**TEL: (345) 947-3090/ 946-2967 FAX: (345) 947-6501/ 945-2251**

CERTIFICATION		OFFICE USE ONLY		PERMIT APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Date	Expiry date		
<input type="checkbox"/> Sanitary Certificate	_____	_____		
<input type="checkbox"/> Exporter's letter	_____			DATE OF ISSUE <input type="text"/>
<input type="checkbox"/> Export Certificate	_____			
<input type="checkbox"/> Processing Fee - \$20.00	_____			Signature: _____