

1. ANNEX 2: FORMS

Form AG 1

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.

iv.

v.

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)
