

TURKS AND CAICOS ISLANDS GOVERNMENT

DEPARTMENT OF AGRICULTURE
PLANT HEALTH SERVICES
BUTTERFIELD SQUARE, 16 PARADE AVENUE
PROVIDENCIALES, TURKS AND CAICOS ISLANDS
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PLANT NURSERY REGISTRATION AND INSPECTION FORM

Name of Manager/Owner:		Name & Physical Address of Plant Establishment:	
Telephone No:			
Email:			
Establishment Information			
1. TYPE OF BUSINESS			
<input type="checkbox"/> Nursery Dealer	<input type="checkbox"/> Growing Nursery	<input type="checkbox"/> Botanical Garden	
<input type="checkbox"/> Landscape Contractor	<input type="checkbox"/> Private Nursery	<input type="checkbox"/> Florist	
2. BUSINESS CLASS/CATEGORY			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Private Entity	
<input type="checkbox"/> Research	<input type="checkbox"/> Others (specify) _____		
3. DO YOU IMPORT NURSERY STOCK FROM OVERSEAS?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. WHICH COUNTRIES DO YOU IMPORT NURSERY STOCKS FROM? (PLEASE TICK ALL THAT APPLIES)			
<input type="checkbox"/> USA	<input type="checkbox"/> CANADA	<input type="checkbox"/> HAITI	<input type="checkbox"/> DOMINICAN REPUBLIC
OTHERS (Specify) _____			
5. DO YOU EXPORT NURSERY STOCK FROM THE TURKS AND CAICOS ISLANDS?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
6. DO YOU REPORT NEW PEST DETECTIONS AND PEST/DISEASE OUTBREAKS TO THE DEPARTMENT OF AGRICULTURE?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
7. GPS COORDINATES:			
Latitude:	Longitude:		
8. SIZE OF PRODUCTION AREA [square feet/acres]			
Green House:	Plant Nursery:	Orchard:	

9. List the Names and Addresses of all of your Nursery Stocks Suppliers

Name	Address
1.	
2.	
3.	
4.	
5.	
6.	

DECLARATION

I hereby submit application to be registered as a plant nursery establishment / operator in the Turks and Caicos Islands.

As a registered plant establishment/operator, I am aware that this registration is in congruence and accordance with the TCIG Department of Agriculture, Plant Health Ordinance 2012, Sections 5 (1d), (1c), (1f), 7, 9, 15 and 19 respectively. Further, I am aware of my obligations to duly report all incidences of new pest detection and/ or disease outbreaks noticed at my facility and/or within the vicinity thereof.

NAME OF APPLICANT	SIGNATURE OF APPLICANT
<i>Date</i>	<i>Date</i>