Taiwan Health Certificate Worksheet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE** |  | **[ ]** Faxed Certificate\*  | **0** Additional Copies\*  | \*additional charges apply |
| **[ ]** I acknowledge that by checking this box that the information provided is factual and accurate. |
| Applicant  | Mail Certificate to |
| 1. CONTACT NAME |  | 7. COMPANY |  |
| 2. AMS BILLING ACCT. |  | 8. CONTACT |  |
| 3. BILLING REFERENCE |  | 9. STREET |  |
| 4. E-MAIL ADDRESS |  | 10. CITY |  |
| 5. CONTACT PHONE |  | 11. STATE |  |
| 6. FAX |  | 12. ZIP |  |

 \*additional charges apply

|  |  |  |  |
| --- | --- | --- | --- |
| Consignor (Name):  |       | Consignee (Name):  |       |
| Address | City | ST | Zip | Address     Postal code       Tel.Nº       |
|       |       |       |       |  |
| Tel.Nº  |       |  |
| Place of Loading: |       | Destination Place: |       |
| Type of Transport  | Conditions for Transport and Storage: |
|  | Airplane [ ]  | Ship [ ]  | Rail [ ]  | Ambient [ ]  | Chilled [ ]  | Frozen [ ]  |
|  | Road [ ]  | Other [ ]  |  |  |  |
| Name/# of Ship/Airplane Used to Transport Items (If available): | Additional Storage Information (If available): |
|       | Departure Date:       |       |
| Total Net Weight:  |        | Number of Packages:  |       |
| Container Number(s) | Seal Number(s) |
|       |       |
| Product Description:  | Human consumption [ ]  | Meets Requirements of Taiwan[ ]  |
|       |
| Kind of Processing Treatment |
|       |
| Commodity Code (HS Code): | Type of Packaging |
|       |       |
| Plant Number:  | Lot Numbers:  | Number of Packages: | Net Weight: | Production Date: | Expiration Date: |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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