



Entomology & Plant Pathology  
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**VERIFICATION OF DISINFESTATION/DISINFECTION**

This is a **SAMPLE** letter pertaining to the verification of disinfestation /disinfection/insecticide/ fungicide/rodenticide, etc. treatments which some countries require for Phytosanitary certification. Your company will need to attach a similar letter, on your company's letterhead, stating the information below:

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To whom it may concern:

I...(Name)..., pesticide applicator...(Indiana registered, or certified applicator license number)..., applied...(list the active ingredient, & intended use [fungicide, insecticide, etc])..., at...(rate and amount which was applied)..., as a...(how it was applied; seed dust, aerosol fumigant, slurry, drench, insecticidal dip, etc.)...on...(date of application).

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

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**NOTE:** IF THERE IS MORE THAN ONE CHEMICAL - PLEASE PROVIDE **ALL** **DETAILS AND AMOUNTS.**

**(DO NOT USE TRADE NAMES – PLEASE LIST ACTIVE CHEMICAL INGREDIENTS)**  
**\*\*(DO NOT PUT - "AS INDICATED ON LABEL" or "AT STANDARD RATE")\*\***

**FUMIGATIONS (Methyl bromide, Sulfuryl fluoride, Aluminum phosphide) MUST BE OFFICALLY MONITORED BY DNR, USDA, OR FGIS STAFF IN ORDER TO BE LISTED ON A PHYTOSANITARY CERTIFICATE.**

Please call our office if you have any further questions.