



**Notice of landing of relevant material required by Commission Implementing Decision 2013/92/EU**

Your local Forestry Commission contact is:.....

Tel/Fax No:.....Mobile No :.....

**Important Notes:** All sections of this form must be completed by the Agent or Importer. Completed Inspection Request forms must be received by inspectors preferably 3 working days prior to landing. QRC Clearance notice only issued if requested. There is currently no FC Plant Health Inspection charges for this operation. Copies of these forms will be used by the Forestry Commission to support quarantine release. A copy of this document **must** be sent to [plant.health@forestry.gsi.gov.uk](mailto:plant.health@forestry.gsi.gov.uk) to ensure release from our hold. Non compliance will result in entries being unnecessarily held at importers/agents expense.

**PART A Advanced Notification and Inspection Request for clearance of imported Chinese Stone Products ,CCN Codes 2514 (Slate) ,2515, (Marble) 2516 (Granite) ,6801 (Flagstones and 6802 (Building stone)**

Importer Company/Agent Name .....		*Contact .....	Tel No
Name of Vessel .....	ETA .....	Discharge Date .....	Container No(s). .....
Point of Landing and date for Inspection .....		No. of Packs .....	Vol (m <sup>3</sup> or wt) .....
Document Enclosures (Delete as necessary) Copy B/lading or Manifest Yes/No [To establish identity in case of remedial action and PH3 certification]			
Details of Relevant Material and Customs CN Codes .....		Consignor (Exporter)	
Country of Origin ..... <b>CHINA</b> .....		Country of Export	
Country of Destination (where not in GB) .....		<b>CUSTOMS ENTRY NUMBER AND DATE</b>	

**PART B, To be completed in the event of more than one container within the consignment or different coded elements**

Customer Name name & address)	Container number	CCN	No of Packs	Cubic Metres m <sup>3</sup>
1.				
2.				
3.				
4.				
5.				

**I declare that this consignment contains produce of phytosanitary relevance [solid wood packaging ]**

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**(Signature of importer or airport or port authority representative)**

**Date:.....**