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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