

**APPLICATION FOR USDA CONTAINER CERTIFICATION**  
TO CONDUCT COLD TREATMENT UNDER USDA REGULATIONS

Instructions:

- (1) Prior to submitting your Application for USDA Container Certification please verify that the containers are **not** already approved by going to the USDA Certified Containers Website:  
<https://treatments.cphst.org/vessels/containers.cfm>
- (2) Review the regulatory requirements in Chapters 3-7 and 6-4 of the PPQ Treatment Manual. An electronic PDF document of the manual is available at the following website:  
[http://www.aphis.usda.gov/import\\_export/plants/manuals/ports/downloads/treatment.pdf](http://www.aphis.usda.gov/import_export/plants/manuals/ports/downloads/treatment.pdf)
- (3) Fill in each field on the application completely. Review for certification will not begin until all information is received. If a field is not applicable, please put "N/A" in the space provided.
- (4) Send the completed application via electronic mail, fax, or postal mail to the following office:

**USDA-APHIS-PPQ-CPHST-TQAU**  
**1730 Varsity Drive, Suite 400**  
**Raleigh, North Carolina 27606 USA**  
E-mail: [ppqctis@usda.gov](mailto:ppqctis@usda.gov) / Fax: (919) 855-7493

<b>1. Name and Address of Requestor (Please type or print)</b>	
(First) (Last)	Company Name:
Job Title:	
Company Address:	
Country:	E-Mail Address:
Telephone:	FAX:
<b>2. Name and Address of Container Series Owner (Different from Leasing Company)</b>	
Container Series Owner:	
Owner Address:	
Country:	E-Mail Address:
Telephone:	FAX:
<b>3. Name and Address of Container Manufacturer (Fill out ONLY if different from 1)</b>	
Container Manufacturer:	
Manufacturer Address:	
Country:	E-Mail Address:
Telephone:	FAX:

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4. Container Information			
Container Code and Numbers:	BIC:	Begin:	End:
Total Number of Containers in Series:		Date of Construction (mm/yyyy):	
External Dimensions (feet):	Length:	Width:	Height:
5. Refrigeration Unit			
Make:		Model:	
Year of Manufacture:		Location of the Unit: Inside the container      Outside the container	
Airflow Maximum Rate (cubic feet per minute):		Bottom Air Delivery?    Yes      No	
6. Temperature Controller			
Make:		Model:	
Year of Manufacture:			
Is a modem connected to the controller / recorder? Yes                      No		If Yes, specify model:	
7. Temperature Sensors: Indicate which approved sensors will be used with the temperature monitoring and control system:			
Thermistor	ST9702	PT100	NTC

X \_\_\_\_\_  
Requestor's Name/Signature
Date (mm/dd/yyyy)

\*\*\*\*\*DO NOT WRITE BELOW – FOR USDA PURPOSES ONLY – DO NOT WRITE BELOW\*\*\*\*\*

Reviewer \_\_\_\_\_

Date Application Received \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_

Container ID # \_\_\_\_\_ Document File Name \_\_\_\_\_

Comments:

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