



ABN 31 600 066 966

ATTACHMENT SHEET

FUMIGATION REQUEST FORM

DOCUMENT NO: SQSF7-79-TRI

REVISION: 4

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ICA04

To: TriCal Australia

Email: fumigators@trical.com

Phone: 0400 105 556

PHAC NUMBER:

Consignor

Drop Off:

Name:

Address:

Consignee:

Delivery to:

Name:

Address:

Growers Name: _____

Date: _____

Time: _____

Address: _____

Contact No. _____

Produce:

Various Fresh Produce

Number of Pallets:

Method of Transport:

Road

Rail

Air

Vehicle Detail

Consignment No.

Airline/Flight No.

No. of Packages	Type of Packages	Type of Produce (see attached)	Various Grower's	Grower Address	

Name

Signature

Date