

## Provider's Letterhead

Include contact details: physical address

### FUMIGATION CERTIFICATE

This is to certify that the timber described below was treated on (insert date)  
..... in accordance with AQIS requirements.

Name of fumigant .....

Dosage ..... g/m<sup>3</sup> or lbs/cu ft

Duration ..... hours

Minimum ambient temperature during fumigation ..... (°C or °F)

Description of goods being treated .....  
(including packaging such as pallets, crates, etc)

Consignment identifier or numerical link .....

Signature ..... Date .....  
(Owner/Representative)