

Request for Irradiation Domestic ICA 55

Order Number
(Office Use Only)

Request Details

Company Name: Contact Name:
 Mobile: Email:

Order Details

P.O. (if applicable): Pallet Spaces: Cheps:
 ETA to Steritech – Date: Time:

Plant Health Certificate

Consignor/s:
 Consignee:
 Grower Address:
 (If there are multiple addresses, please include in the Notes section at the bottom of this page.)
 ICA-55 Date Code Label:

Treatment Details

Dose: State:

Commodity	Grower	Suburb	Qty	No. Spaces	Temp.

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Collection From Steritech

Dispatch Date: Dispatch Time:
 Address:

Steritech to book Transport?

IF YES ▶ Destination: Expected Delivery Date:

IF NO ▶ Third Party Truck Company Name:

Notes

