



## NOTICE OF ARRIVAL of Pesticides and Pesticide Devices

**For BECQ Use Only:**

Amount Paid:

Check No.

BECQ Receipt Number:

**Part I. To be completed by Importer**

**1. Manufacturer/Wholesaler/Agent Information**

Name City, State & Zip  
 Address Phone Number

**2. Shipper Information**

Name  
 Address  
 City, State & Zip  
 Phone Number

**3. Consignee Information**

Name  
 Address  
 City, State & Zip  
 Phone Number

**4. EPA Registration No.**

**5. EPA Establishment No.**

**6. Brand Name of Product**

**7. Major Active Ingredient and Percentage**

<b>8. Unit Size</b>	<b>9. Quantity</b>	<b>10. Total Net Wgt.</b>	<b>11. Date of Approval of Notice of Intent</b>
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**12. Location of Goods for Examination**

**Invoice Data**

<b>13. Number</b>	<b>14. Date</b>
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**15. I assert that information constituting confidential business information is shown above in blocks numbered:**

<b>16. Name of Consignee or Importer</b>	<b>17. Signature of Consignee or Importer</b>	<b>18. Date of Signature</b>
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**Part II. To be completed by BECQ - Division of Environmental Quality**

Action to be taken on shipment by Customs or Quarantine

- Release Shipment
- Detain shipment for inspection by DEQ
- Sample desired under provisions of the Commonwealth of the Northern Mariana Islands Environmental Protection Act Public Law 3-23 2CMC3101 and the Pesticide Regulations section 600. Enforcement created March 14, 1983. It is necessary to take samples of shipment.
- Other (specify)

**Remarks**

<b>Name and Signature of BECQ Pesticide Officer</b>	<b>Date</b>
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## NOTICE OF INTENT TO IMPORT PESTICIDES AND PESTICIDE DEVICES

<b>Part I. To be completed by Importer</b>			
<b>1. Importer or Agent Information</b>		<b>2. Consignee Information</b>	
Name		Name	
Address		Address	
City, State & Zip		City, State & Zip	
Phone Number		Phone Number	
		Fax	
		Other Contact Number	
<b>3. EPA Establishment Number</b>		<b>4. EPA Registration Number</b>	<b>5. Brand Name of Product</b>
a.		a.	a.
b.		b.	b.
c.		c.	c.
d.		d.	d.
<b>6. Active Ingredient and Percentage</b>			
a.			
b.			
c.			
d.			
<b>7. Unit Size</b>	<b>8. Quantity</b>	<b>9. Total Net Weight</b>	<b>10. Country of Origin</b>
a.	a.	a.	a.
b.	b.	b.	b.
c.	c.	c.	c.
d.	d.	d.	d.
<b>11. Proposed Use of Pesticide or Pesticide Device</b>			
<b>12. I assert that information constituting confidential business information is shown above in blocks numbered:</b>			
<b>13. Name of Consignee or Representative</b>		<b>14. Signature</b>	<b>15. Date of Signature</b>
<b>Part II. To be completed by BECQ - Division of Environmental Quality</b>			
<b>Action to be taken on</b>			
<input type="checkbox"/> Restricted Use Pesticide (\$50 per product)		<input type="checkbox"/> General Use Pesticide (\$15 per product)	
<b>Pesticide to be import</b>			
(A) <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	(B) <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	(C) <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	(D) <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
<b>Remarks</b>			
<b>Name and Signature of BECQ Pesticide Officer</b>			<b>Date</b>