

Application for a Plant Health Professional Operator - Horticulture

Please complete in black in	ik and use Block Letters			
1. Details of Applicant				
Business Name				
Address				
	T		Daataada	
Contact telephone No.	Town		Postcode	;
Email Address				
Responsible Person				
Status in Business				
				l
2. Address of Premises	s – Are there growing or pro	du	ction activities at the	address above? Yes/No
Additional address where	e growing or production acti	iviti	es of this business t	ake place
Town	Postcode		Town	Postcode
3. Business Activities -	· Please select all that apply	∕ to	your registration	
☐ Importing into or mov	ing within the EU plants wh	ich	require plant passp	orts or Phytos†
	y certificates for plant expor	ts		• •
Require authorisation	to issue Plant Passports*			
	ort plant health controlled plant plete a plants import registrati			
ni.gov.uk/publications/plan		OH	ioini wilich can be loc	ind at https://www.daera-
*Professional Operators au	uthorised to issue plant passpo	ort v	will be required to dem	nonstrate to the competent
authority that they meet the	e criteria as laid out in Article 1	l of	Commission Delegate	ed Regulation (EU) 2019/827
4. Business Details – P	lease tick the boxes which	app	oly to your business	
(A) <u>Production</u> (incl	udes propagation and / or g	rov	ving on of plants):	
(a) bedding	g plants			☐ (a)
(b) cut flowers			☐ (b)	
(c) young v	egetable plants and propag	gati	ng material	☐ (c)
(d) fruit plants (soft and hardy)			☐ (d)	

(e) herbaceous perennials		(e)				
(f) flower bulbs and corms	☐ (f)					
(g) trees and shrubs		☐ (g)				
(h) pot plants		☐ (h)				
(i) Christmas trees		☐ (i)				
(j) other (please specify below)		☐ (j)				
(B) <u>Importation</u> of any of the above from –						
(a) Great Britain	(a) Great Britain					
(b) Republic of Ireland	☐ (b)					
(c) other EU countries	☐ (c)					
(d) non-EU countries		☐ (d)				
(C) Marketing i.e. supplying to –						
(a) retail trade in Northern Ireland	☐ (a)					
(b) wholesale trade in Northern Ireland	☐ (b)					
(c) Great Britain	☐ (c)					
(d) Republic of Ireland	☐ (d)					
(e) other EU countries	☐ (e)					
(f) non-EU countries		☐ (f)				
5. Signature - To be completed by all applicants						
Declaration : I have to the best of my knowledge and	d belief p	provided all relevant information				
in connection with my application. *Undertaking:* I will notify the Department immediately should any harmful pests or diseases of						
plants be found on my premises.	y Silouid	any narmar pests or diseases or				
: I will keep such records as may be req						
: I will notify the Department immediately of changes in the information provided. **Request**: I hereby apply for the plant health registration for the activities shown overleaf.						
Sign here →	Date					
Name (capitals)	Status					
We process your personal information for a range of purpos for Plant Health, Crop Certification and Bee Health.	es in line	e with our legislative responsibilities				
The Plant Health Directorate's Privacy Notice is available in						