

# **RECORD OF TRANSPORT**

**SHIPMENT NUMBER:**

This **Record of Transport** should be completed for every shipment of genetically engineered plant material. For shipment of a single genetically engineered plant material, complete the **Genetically Engineered Plant Material Identification** information on this page. For shipments of multiple items, complete and affix one or more copies of the inventory list on page 2.

Following completion of this record by the shipper, one copy should be forwarded to the recipient. Following completion of this record by the recipient, one copy should be returned to the shipper and one copy should be forwarded to the authorized party and a copy to KEPHIS. The original copy shall be retained in the Compliance Document Binder.

In the event of an **accidental release** during shipment, the authorized party and KEPHIS should be immediately notified by telephone and facsimile.

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|                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                                                          |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>SHIPPER</b>                                                                                                                                                  |            | <b>RECIPIENT</b>                                                                                                                                                                                                                                                                                         |            |
| LAST NAME                                                                                                                                                       | FIRST NAME | LAST NAME                                                                                                                                                                                                                                                                                                | FIRST NAME |
|                                                                                                                                                                 | MI         |                                                                                                                                                                                                                                                                                                          | MI         |
| COMPANY/ORGANIZATION/INSTITUTION                                                                                                                                |            | COMPANY/ORGANIZATION/INSTITUTION                                                                                                                                                                                                                                                                         |            |
| DEPARTMENT/SECTION                                                                                                                                              |            | DEPARTMENT/SECTION                                                                                                                                                                                                                                                                                       |            |
| ADDRESS                                                                                                                                                         |            | ADDRESS                                                                                                                                                                                                                                                                                                  |            |
| TELEPHONE                                                                                                                                                       | FACSIMILE  | TELEPHONE                                                                                                                                                                                                                                                                                                | FACSIMILE  |
| ELECTRONIC MAIL                                                                                                                                                 |            | ELECTRONIC MAIL                                                                                                                                                                                                                                                                                          |            |
| <b>PRE-SHIPMENT CHECK-OFF</b>                                                                                                                                   |            | <b>GENETICALLY ENGINEERED PLANT MATERIAL IDENTIFICATION</b>                                                                                                                                                                                                                                              |            |
| PRIMARY METHOD OF TRANSPORT                                                                                                                                     |            | USER IDENTIFICATION NUMBER                                                                                                                                                                                                                                                                               |            |
| <input type="checkbox"/> RAIL <input type="checkbox"/> ROAD <input type="checkbox"/> AIR <input type="checkbox"/> SHIP <input type="checkbox"/> OTHER, SPECIFY: |            | KEPHIS AUTHORIZATION PERMIT No.                                                                                                                                                                                                                                                                          |            |
| NAME OF CARRIER                                                                                                                                                 |            | PLANT SPECIES                                                                                                                                                                                                                                                                                            |            |
| TELEPHONE                                                                                                                                                       |            | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED                                                                                                                                                                                                                                                                 |            |
| PRIMARY SHIPPING CONTAINER                                                                                                                                      |            | FORM OF MATERIAL                                                                                                                                                                                                                                                                                         |            |
| <input type="checkbox"/> PLASTIC BAG <input type="checkbox"/> PAPER BAG <input type="checkbox"/> OTHER (detail below)                                           |            | <input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS                                                                                                                                                                                                                                   |            |
| OTHER DETAILS OF PRIMARY SHIPPING CONTAINER                                                                                                                     |            | <input type="checkbox"/> WHOLE PLANTS                                                                                                                                                                                                                                                                    |            |
|                                                                                                                                                                 |            | <input type="checkbox"/> TRANSPLANTS                                                                                                                                                                                                                                                                     |            |
|                                                                                                                                                                 |            | <input type="checkbox"/> RHIZOMES <input type="checkbox"/> TUBERS                                                                                                                                                                                                                                        |            |
| TYPE OF SECONDARY SHIPPING CONTAINER                                                                                                                            |            | <b>TO BE COMPLETED BY THE RECIPIENT</b>                                                                                                                                                                                                                                                                  |            |
| IF APPLICABLE, TYPE OF TERTIARY SHIPPING CONTAINER                                                                                                              |            |                                                                                                                                                                                                                                                                                                          |            |
| CONDITION OF SHIPPING CONTAINER<br><input type="checkbox"/> NEW <input type="checkbox"/> USED<br><input type="checkbox"/> SANITIZED (DETAIL BELOW)              |            |                                                                                                                                                                                                                                                                                                          |            |
| METHOD OF SANITIZATION                                                                                                                                          |            | <b>RECEIPT OF SHIPMENT</b><br>ALL INVENTORY CHECKED AND COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                |            |
| CONTAINERS CONFIRMED FREE OF PLANT MATERIAL PRIOR TO LOADING <input type="checkbox"/> YES <input type="checkbox"/> NO                                           |            | ALL ACCOMPANYING DOCUMENTATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                         |            |
| ACCOMPANYING DOCUMENTATION                                                                                                                                      |            | CONDITION OF SHIPPING CONTAINERS<br>PRIMARY CONTAINER <input type="checkbox"/> INTACT <input type="checkbox"/> BREACHED<br>SECONDARY CONTAINER <input type="checkbox"/> INTACT <input type="checkbox"/> BREACHED<br>TERTIARY CONTAINER <input type="checkbox"/> INTACT <input type="checkbox"/> BREACHED |            |
| OTHER ACCOMPANYING DOCUMENTATION                                                                                                                                |            | OTHER DETAILS ON CONDITION OF SHIPPING CONTAINERS OR DOCUMENTATION                                                                                                                                                                                                                                       |            |
| <b>SHIPMENT VERIFICATION</b><br>SIGNATURE OF SHIPPER   SHIPMENT DATE                                                                                            |            | <b>RECEIPT VERIFICATION</b><br>SIGNATURE OF RECIPIENT   RECEIPT DATE                                                                                                                                                                                                                                     |            |

| GENETICALLY ENGINEERED PLANT MATERIAL INVENTORY LIST                                                                                                                                                                                          |                                 |                                 |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|------------------------------------------|
| ITEM NO.<br>-01                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-02                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-03                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-04                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-05                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-06                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-07                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-08                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-09                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |
| ITEM NO.<br>-10                                                                                                                                                                                                                               | UNIQUE IDENTIFIER OR EVENT NAME | KEPHIS AUTHORIZATION PERMIT NO. | SPECIFY EXACT AMOUNT OF MATERIAL SHIPPED |
| FORM OF MATERIAL<br><input type="checkbox"/> BUDWOOD/SHOOTS <input type="checkbox"/> SEEDS<br><input type="checkbox"/> WHOLE PLANTS <input type="checkbox"/> RHIZOMES<br><input type="checkbox"/> TRANSPLANTS <input type="checkbox"/> TUBERS |                                 | PLANT SPECIES                   | IDENTIFY ANY TREATMENT OF THE MATERIAL   |