



GOVERNMENT OF BERMUDA
Ministry of Health, Seniors and Environment

Department of Environmental and Natural Resources

CHRISTMAS TREE CONTAINER ARRIVALS FORM

Importer: _____

Exporter: _____

Contact: _____

Name of Person(s) meeting the Plant Protection Personnel at the Hamilton Docks:

Contact number(s) for the above mentioned person/s:

Shipping date: _____

Number of containers: _____

Date of Arrival	Vessel	Container #	Seal #	# of Trees	# of Wreaths

- **Please note: Information must be filled in completely. Failure to comply will result in delayed inspection.**