

**Stamp Dispatch Notification**  
**To be faxed to TPS**  
**MUST GIVE TPS 48 HOUR NOTICE**



*Date:* \_\_\_\_\_

*Name of Company:* \_\_\_\_\_

*Location:* \_\_\_\_\_

*Stamp Number:* \_\_\_\_\_

*MB Applicator(s) Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Number of MB stamps dispatched:* \_\_\_\_\_

*Number of Date/Lot # stamps dispatched:* \_\_\_\_\_

*Approx. number of lots (containers) to be fumigated:* \_\_\_\_\_

*Exact date of dispatch:* \_\_\_\_\_ *Exact time of dispatch:* \_\_\_\_\_

*Name of company requesting service:* \_\_\_\_\_

*Company Contact Information:*

*Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_

*Exact location of MB application:*

*Physical Address:* \_\_\_\_\_

*Special Instructions:* \_\_\_\_\_

*Exact date and time of MB application:* \_\_\_\_\_  
*(include preparation time, if necessary)*

*Stamp Return Date:* \_\_\_\_\_

\_\_\_\_\_  
*Fumigator Signature*