



Stamp Dispatch Notification
To be faxed to TPS
MUST GIVE TPS ADVANCE NOTICE PRIOR TO
STAMPS LEAVING FACILITY/OFFICE

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)

Fumigator Signature