## PLEASE TYPE OR PRINT CLEARLY

No controlled material, organisms or vectors may be imported or moved interstate unless the data requested on this form is furnished and certified (9 CFR 94, 95, and 122).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The valid OMB control numbers for this information collection is 0579-0015, 0094 0183 0213 and 0245

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U.S. DEPARTMEN' ANIMAL AND PLANT HEA	T OF AGRICULTURE	MODE OF TRANSPORTATION (Please "X"):				
VETERINAR National Center for Impor	VETERINARY SERVICES National Center for Import-Export, Products Program 4700 River Road, Unit 40		SEA	LAND	ANY	
Riverdale, MD 20737-1231  APPLICATION FOR PERMIT TO:		2. U.S. PORTS OF EN	NTRY		_	
	ONTROLLED MATERIAL OR OR VECTORS					
<ol> <li>IMPORTER (Name, organization, com, number of individual who will receive and</li> </ol>		e and Address of produ	icer/shipper)			
5. DESCRIBE THE MATERIAL TO BE IN animals from which the raw animal produ origin in media.) (COMPLETE VS FORM	ct was sourced, processing country, reco	ombinant system and gene				
3. QUANTITY, FREQUENCY OF IMPOR	TATION, AND EXPECTED COMPLETIC	DN DATE (estimate)				
7. PROPOSED USE OF MATERIAL AND	DERIVATIVES (Also, for animal pathog	gens or vectors, describe fa	acilities/biosafety proce	dures)		
B. IF FOR USE IN ANIMALS, <b>SPECIFY</b>	THE ANIMAL SPECIES					
9. TREATMENT OF MATERIAL <b>PRIOR</b> 1 safeguards, etc.)	TO IMPORTATION INTO THE U.S. (Prod	cessing/purification method	ds, including time at spe	ecific temperatures, pH,	other treatments, disease	
10. METHOD OF FINAL DISPOSITION C	OF IMPORTED MATERIAL AND DERIVA	ATIVES				
CERTIFY AS AUTHORIZED BY THE CAND PRECAUTIONS AS MAY BE SPEC		SENT, THAT THIS MATE	RIAL WILL BE USED IN	N ACCORDANCE WITH	HALL RESTRICTIONS	
11. SIGNATURE OF APPLICANT		12. TYPED NAME AND T	ITLE			
13. DATE		14. APHIS USER FEE CR PAYMENT (for VISA or M				