This application must be submitted for issuance of a U.S. Veterinary Biological Product Permit. This information will be used to determine if the product may be brought into the U.S. or for approval of transit shipment of biological products move through the U.S. (9 CFR 104).		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 valid OMBcontrol number for this information is 0579-0013. The time required to complete this information collection is estimated to average 1.0 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.			
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES, CENTER FOR VETERINARY BIOLOGICS APPLICATION FOR				1. DATE	SUBMITTED
INSTRUCTIONS: Submit one copy of application for each product. If more space is needed, attach additional sheets and refer to item number. Enclose supporting documents.					
2. TYPE OF APPLICATION					
Image: Complete all items except 10 through 15) Image: Complete all items except 6, 7, 8, 9, and 15) Image: Complete all items except 9 through 14)					
3. NAME AND ADDRESS OF APPLICANT (Include No., Street or RFD No., City, State, and Zip Code) 4. NAME AND ADDRESS OF PRODUCER					
5. NAME OF PRODUCT (one only) 6. ESTIMATED ARRIVAL I			EACH SHIPMENT OF SA		
		DATE	7. ESTIMATED QUANT	111 Y	8. U.S. PORT OF ENTRY
10. IF PRODUCT FOR GENERAL DISTRIBUTION AND SALE - (Enclose Manufacturer's or Producer's agreement regarding preparation, testing, and labeling of products, and inspection facilities. Enclose supporting documents specified in 9 CFR 104.5).) 11. ADDRESS OF STORAGE FACILITIES (if different from Item 4) 12. TYPE OF ORGANIZATION 13. IF CORPORATION 13. IF CORPORATION, GIVE STATE IN WHICH INCORPORATED (Enclosed certified copy of Articles of Incorporation)					
14. PRINCIPAL OFFICERS OR PARTNERS					
A. NAME OF EACH	B. TITL	E	C.		NESS ADDRESS NFD No., City, State, and Zip Code
	15	IF TRANSIT SHIPMENT	- CIV/E:		
A. DESTINATION	B. CARRIER(S)			C. S(Arrival	CHEDULE (Dates in transit) Departure
CERTIFICATION In accordance with the Act of Congress approved March 4, 1913 (37 Stat. 832-833; 21 U.S.C. 151-158), application is hereby made for a permit to import the herein named biological product for the purpose specified in item 2 above. If a permit is issued under this application, the recipient expressly agrees to conform strictly to all rules, regulations and orders of the Department governing the importation of veterinary biological products and that the product will not be labeled or advertised so as to mislead or deceive in any particular.					
16. SIGNATURE OF AUTHORIZED OFFICIAL			17. TITLE		18. DATE SIGNED