No animals, animal semen, animal embryos, birds, poultry, or hatching eggs may be imported unless a completed application has been received (9 CFR 92 and CFR 93).

FORM APPROVED OMB NO. 0579-0040 and 0579 -0094

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 OMB control number for this information collection is 0579-0040 and0090. The time required to complete this information collection is estimated to average .17 hours per response, including the time for reviewing instructions, searching 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

APPLICATION FOR IMPORT OR IN TRANSIT PERMIT

(Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eggs)

INSTRUCTION TO IMPORTER: Complete and submit one copy to the Veterinary Services, APHIS, U.S. Department of Agriculture, 4700 River Road, Riverdale, MD 20737. Prepare a separate application for each shipment.

1. NAME AND ADDRESS OF SHIPPER IN COUNTRY OF ORIGIN

2. NAME AND ADDRESS OF IMPORTER *(Include Zip Code)*

TELEPHONE NUMBER *(Include Area Code)*

3. PORT OF EMBARKATION *(From Canada show only for ocean vessel or airplane shipments)*

4. COUNTRY FROM WHICH SHIPPED

5. MODE OF TRANSPORTATION *(Name of Airline or Vessel, flight no.)*

6. ANIMALS, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS

NO.	BREED	SPECIES	DESCRIPTION *(Sex, Age, Registered Name and No., Tattoo, Tag No., Other Markings)*

6E. PURPOSE OF IMPORTATION

7. ROUTE OF TRAVEL INCLUDING ALL CARRIER STOPS ENROUTE *(From Canada show route of travel only for ocean vessel or airplane shipment)*

8. PROPOSED SHIPPING DATE *(From Canada show only for ocean vessel or airplane shipment)*

9. PROPOSED ARRIVAL DATE

10. UNITED STATES PORT OF ENTRY

11. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE *(After quarantine, when required) (Include Zip Code)*

TELEPHONE NUMBER *(Include Area Code)*

12. WHERE DELIVERY WILL BE MADE IN U.S. *(After quarantine, when required) (Location of place)*

13. REMARKS

14. SIGNATURE OF IMPORTER

16. DATE SIGNED

VS FORM 17-129 (MAY 96)