According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0047. The time required to complete this information collection is estimated to average 2 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.

OMB Approved 0579-0047 Exp. 00/0000

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES The information in this report is needed for effective monitoring and management of the Brucellosis Federal-State Cooperative Program (9 CFR Parts 51 and 78).

GEOGRAPHIC AREA

APPLICATION FOR VALIDATION OF A BRUCELLOSIS-FREE AREA

STATE

APPLICATION FOR BRUCELLOSIS-FREE

The following basic requirements have been met:

- (1) In accordance with the provisions of the current Brucellosis Eradication-Uniform Methods and Rules, the required testing has been completed and the incidence of Brucellosis did not exceed the limits specified.
- (2) All swine herds in which brucellosis was disclosed have been slaughtered or released from quarantine. No known foci of swine brucellosis remain in the area. There are no pending tests of swine herds suspected of being affected with Brucellosis.
- (3) Procedures for maintaining continuous surveillance of the swine population as prescribed by the Brucellosis Eradication-Uniform Methods and Rules, are adequate to locate swine brucellosis if introduced into the area.

If reactors are disclosed in the Area in the future they will be reported promptly to Veterinary Services, Riverdale, Maryland 20737.

We request that this Area be declared a Validated Brucellosis-Free Area.

SIGNATURE OF STATE OFFICIAL	TITLE	DATE			
SIGNATURE OF FEDERAL VETERINARIAN IN CHARGE					
	· ·				
	· ·				
		1			

CERTIFICATION

Veterinary Services hereby declares the above Area

A VALIDATED BRUCELLOSIS-FREE AREA

beginning	_, and ending	
SIGNATURE OF VS CERTIFYING OFFICER		DATE

TESTING SUMMARY													
REQUEST FOR BRUCELLOSIS-FREE						2. GEOGRAPHIC AREA					3. \$	STATE	
☐ VALIDATION ☐	REVALIDATION	DN REINSTATEMENT			NT								
4. QUALIFYING METHOD					-						1		
☐ COMPLETE HERD (Area) TESTING ☐ ALTERNATE METHOD 1 ☐ ALTERNATE METHOD 2 ☐ OTHER (Specify)													
5. TOTAL HERDS IN AREA	(Item 6a + 7)			OS IN AREA QUALIFIED BY COMPLETE HERD TESTS									
A. Tota		tal No. of Herds Tested			B. Total No. of Swine Tested (6 mos. of age and older)				C. Total No. of Swine Not Tested (<i>Under 6 mos. of age</i>)				
7. TOTAL NO. OF HERDS IN	N AREA NOT	8. SWI	NE H	NE HERDS IN AREA SELLING BI			BREEDING STOCK						
TESTED (Specify reasons not testing each herd in item 18) A. Toleration in the second		A. Tota	tal No. of Herds			B. No. of Herds Tested				C. Total No. of Herds Validated Brucellosis-Free			
		-	9. E	ELIGIBLE S	WINE S	LAUGH	TERED						
A. No. Slaughtered		B.	No. of Blood Samples Co			ollected		C. Per	Percent Collected (9B ÷ 9A)				
										%			
		10. M	ST RI	EACTORS	TRACE	то не	RD OF ORIGI	N					
			Percent of Reactors Not T			Traced	C. Total of Her			ds Tested			
(item 10A + 11A = 14E) (item			יווו דדי	n 11A ÷ 14E)									
	%												
11. MST REACTORS NOT TRACED TO HERDS OF ORIGIN				12. TRACE	ACEBACK CAPABILITY (item 9C x 10B) 13. TEST						ING D	ATES	
A. No of Reactors Not Traced B. Percent of Reactors Not Traced ($item\ 11A \div 14E$)			t						From To				
			%_ T					RF	SULTS O	F BLODD TES	STS		
			NUMBER		1BER	INFEC ⁻		TED HERDS			REACTOR SWINE		
SWINE OR HERD CLASSIFICATION		А	HERDS	B. S	WINE	C. NUMBER		PERCENT I. C ÷ A)		BER	F. PERCENT (Col. E ÷ B)		
14. Market Swine Tests													
15. Test of Herds of origin of MST reactors													
16. Other complete herd blood tests													
•													
17. Totals													
18 SLIMMARY: (Give a brief his	tony of the swine h	rucollogic	rtatus (of the area inc	luding th	o data tha	last infected an	imal was	found Al	so indicate th	o dato	of quarantine	

^{18.} SUMMARY: (Give a brief history of the swine brucellosis status of the area including the date the last infected animal was found. Also, indicate the date of quarantine release of slaughter for this herd. The method of identification of slaughter animals used and other pertinent information should be briefly described. Attach additional sheet if necessary.