No animals, animal ser embryos, birds, poultry hatching eggs may be unless a completed ap been received (9 CFR 9 CFR Part 93).	r, or respond to information required to for reviewing reviewing to the information required to the information required to the information reviewing to the information reviewing to the information respond to information requirements and the information requirements are also and the information requirements and the info	 a collection of information unless it n collection are 0579-0040, 0579-009 o complete this information collection ng instructions, searching existing da the collection of information. 	may not conduct or sponsor, and a persoi of OMB control number. The valid OMB coi 0579-0228, 0579-0245, 0579-0301, and 05 average between .16 and 2 hours per resp thering and maintaining the data needed, a	ntrol numbers for this 579-0340. The time conse, including the time and completing and	OMB Approved 0579-0040, 0579-0094, 0579-0141, 0579-0165, 0579-0218 0579-0224, 0579-0228, 0579-0245, 0579-0301, and 0579-0340		
	United States Department and Plant Hea	· ·		1. NAME AND ADDRESS OF	F SHIPPER IN COUN	TRY OF ORIGIN	
Animal and Plant Health Inspection Service Veterinary Services							
APPLICATION FOR IMPORT OR IN TRANSIT PERM (Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eg							
INSTRUCTIONS TO IMPORTER: Complete and submit one copy to USDA, APHIS, VS, 4700 River Road, Unit 38, Riverdale, MD 20737. Prepare a separate application for each shipment.							
NAME AND ADDRESS OF IMPORTER (Include ZIP Code)				3. PORT OF EMBARKATION (From Canada show only for ocean vessel or airplane shipments)			
				4. COUNTRY FROM WHICH SHIPPED			
TELEPHONE NUMBER (Include Area Code)				5. MODE OF TRANSPORTATION (Name of Airline or Vessel and flight no.)			
6. ANIMAL, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS							
A. B. C. D. DESCRIPTION							
NO.	BREED	SPECIES	(Sex, Age, Registered Name and No., Tattoo, Tag No., other Markings)				
E. 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)							
				POSED ARRIVAL DATE	10. UNITED STAT	ES PORT OF ENTRY	
ocean vessel or airplane shipment)							
				1			
11. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE (After quarantine, when required) (Include ZIP Code)				12. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES (After quarantine, when required) (Location)			
TELEPHONE NUMBER (Include Area Code)							
. LLL. HONL NO	(
13. REMARKS							

14. SIGNATURE OF IMPORTER

15. DATE SIGNED