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| 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 0579-0237. The time required to complete this information collection is estimated to average 1 hour 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**0579-0237**EXP.:** XX/XXXX |
| **UNITED STATES DEPARTMENT OF AGRICULTURE****ANIMAL AND PLANT HEALTH INSPECTION SERVICE****VETERINARY SERVICES** | **APPLICATION FOR CHRONIC WASTING DISEASE HERD CERTIFICATION PROGRAM (CWD HCP) APPROVAL, RENEWAL, OR REINSTATEMENT OF A STATE** |
| 1. STATE  | 2. APPLICATION FOR (“X” one)[ ]  APPROVED STATUS[ ]  RENEWAL OF APPROVED STATUS[ ]  REINSTATEMENT OF APPROVED STATUS |
|  3. REPORTING PERIOD: |
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| 4. STATUS OF ACTION ITEMS IDENTIFIED ON THE LAST RENEWAL OR AS PART OF AN APPROVED STATE REVIEW (Use an attachment sheet, if necessary) |

 |
| 5. QUALIFICATION (*“X” all that apply*)A. [ ]  The requirements of 9 CFR 55.23 (a) have been met. State CWD HCP regulations, program policies and standards, legal authorities, and other supporting documentation are attached. (*The supporting documentation must describe which requirement(s) of 9 CFR 55.23 are being met.*)B. [ ]  The CWD National Database OR an equivalent State database to maintain CWD HCP data is updated as needed and data are current, accurate and complete for the reporting period.C. [ ]  The annual Approved State CWD HCP Report has been completed and submitted to the VS Regional Office. |
| 6. INVENTORY OF ENROLLED HERDS  |
|  |
| A. TOTAL NO. OF ENROLLED DEER HERDS  | B. TOTAL NO. OF ENROLLED ELK HERDS | C. TOTAL NO. OF DEER ENROLLED IN HCP | D. TOTAL NO. OF ELK ENROLLED IN HCP |
|  |  |  |  |
| Comments (Note any mixed herds, etc): |
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| 7. SURVEILLANCE ACTIVITIES |
| 1. Number of animals tested through on-farm surveillance
 | 1. Number of animals tested at slaughter
 | C. Number of animals tested at hunt facilities (shooter operations) |
|  |  |  |
| CERTIFICATION |
| The provisions of 9 CFR Parts 55 and 81 have been met. APHIS requests that this State be designated an Approved State CWD HCP. |
| 8. Signature of State Official | 9. Please Type or Print Name | 10. Date |
| 11. Signature of Area Veterinarian in Charge | 12. Please Type or Print Name | 13. Date |
| 14. Approval by VS Region[ ]  Application for Approved Status is complete and approved [ ]  Renewal of Approved Status is approved [ ]  Reinstatement of Approved Status is approved. [ ]  Form is being returned for completion or correction [ ]  Renewal or Reinstatement of Approved Status is provisionally approved contingent on the conditions listed in the attachment being met by the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 15. Signature of Regional Epidemiologist | 16. Please Type or Print Name | 17. Date |
| 18. Veterinary Services hereby declares the above State Approved for the period beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 19. Signature of CWD Program Certifying Official | 20. Please Type or Print Name | 21. Date |

VS FORM 11-2

APR 2012