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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: | | | | | | | | | |
| |  | | --- | | 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