

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

*Form Approved: OMB No. 0910-0212
Expiration Date: June 30, 2012
See Reverse for OMB Statement*

APPLICATION FOR PERMIT TO SHIP OR TRANSPORT MILK AND/OR CREAM INTO THE UNITED STATES

NOTE: Read regulations carefully before filling out this application. A separate application must be filled out for each establishment making direct shipment to the United States. If additional space is required, continue on reverse referring to specific item being continued.

Application is hereby made by a permit to ship or transport milk and/or cream into the United States as provided by the Federal Import Milk Act of February 15, 1927.

1. Shipper's name in full	2. Establishment location from which applicant ships	
3. List names and locations of the dairy farm(s) from which the milk is obtained <i>(Use separate sheet if necessary.)</i>		
4. Have the cows passed a tuberculin test applied by a duly authorized official veterinarian of the United States or of the country in which milk or cream is produced, within one year previous to the time of the importation, showing that such cows are free from tuberculosis? <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. Have the cows producing milk or cream been subjected to a physical examination in the past year? If "Yes", by whom? <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. List the approximate number of cows furnishing the milk supply proposed for importation.	7. List plant(s) and/or station(s)	
8. Does applicant reside in the United States and make collections of milk or cream by his own or hired conveyances which transport the product to the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. If the answer to Question 8 is "YES", list by name the dairy farms supplying milk to the collecting conveyances.		
10. Usual means of transportation a. <input type="checkbox"/> TRUCK b. <input type="checkbox"/> RAILROAD c. <input type="checkbox"/> OTHER <i>(Specify)</i>		
11. Give location of customs office through which entry into the United States is made.		
12. Are you the operator in the United States of a condensery or condenseries in which sterilization is a necessary process, and which condensery or condenseries are within 15 miles of the point of production of the milk or cream? <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. If the answer to Question 12 is "YES", do you wish to have waived the requirements of paragraph 4 of Section 2 of the act when a permit is issued to you? <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. If the answer to Question 12 is "YES", give name and location of such condensery or condenseries.		
15. Are you the operator of or a producer shipping to a creamery or condensery in the United States within 20 miles of the point of production of the milk? State whether operator or producer. <input type="checkbox"/> YES <input type="checkbox"/> NO		
16. If the answer to Question 15 is "YES", do you import raw milk for any purpose other than pasteurization, condensation, or evaporation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
17. If the answer to Question 15 is "YES", give names and locations of creameries or condenseries.		
18. Name of milk or cream product involved		
19. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	20. Title and signature of officer of corporation or partnership	21. Address to which permit is to be sent

Public reporting burden for this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer (HFA-710)
5600 Fishers Lane
Rockville, MD 20857

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.