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OMB APPROVED  
0579-0101  
EXP DATE XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**APPLICATION FOR SCRAPIE CLASSIFICATION, CLASSIFICATION  
RENEWAL, OR RECLASSIFICATION OF A STATE**

1. STATE

2. OR AREA SMALLER THAN A STATE

CONSISTENT STATUS

REINSTATEMENT OF CONSISTENT STATUS

RENEWAL OF CONSISTENT STATUS

3. APPLICATION FOR ("X" one)

STAGE ONE

STAGE TWO

4. QUALIFICATION ("X" all that apply)

A. Check one of the following two qualification statements

The requirements of 9 CFR 79.6 have been met.

The State effectively enforces a State designed scrapie program that is at least as effective in controlling scrapie as the requirements of 9 CFR Part 79 section 79.6. State program standards, legal authorities, and other supporting documentation are attached. *(The supporting documentation must include which requirement(s) of 79.6 are not being met and the alternate methods being used.)*

B.  The Scrapie National Generic Database is continuously updated and all the data is accurate and complete for the reporting period.

C.  I have reviewed the RSSS report for the reporting period and it is accurate and correct.

STATE

5. FLOCK AND HERD POPULATION OF STATE

Boxes A-F should only be completed if the State collects statistics that they believe are more accurate than NASS. If the State wants APHIS to use NASS as the source for this State's statistics, please write "NASS" in box 6 and leave boxes 5A-F and box 7 blank.

A. TOTAL NO. SHEEP FLOCKS	B. TOTAL NO. GOAT HERDS	C. NO OF BREEDING SHEEP	D. NO. OF BREEDING GOATS	E. TOTAL NO. OF SHEEP	F. TOTAL NO. OF GOATS

6. DETERMINED BY

7. REPORT DATES

A. FROM

B. TO

**IDENTIFICATION OF ANIMALS**

8. Percent of breeding animals identified as required in 9 CFR 79.2

9. Percent of slaughter animals over 18 months identified as required in 9 CFR 79.2

10. Method of determination

11. Owners were notified in accordance with 9 CFR Part 79.4(c)  Yes  No *(Explain any exceptions.)(If more space is needed, use an attachment sheet.)*

12. REMARKS

**CERTIFICATION**

The provisions of 9 CFR Parts 54 and 79 have been met. We request that this State be declared Consistent.

13. Signature of State Official	14. Please Type or Print Name	15. Date
16. Signature of Federal Veterinarian in Charge	17. Please Type or Print Name	18. Date
19. Renewal approval by VS Region <input type="checkbox"/> Renewal is Approved <input type="checkbox"/> Renewal is Not Approved <input type="checkbox"/> Renewal is Approved Once the Following Conditions have been met:		
20. Signature of Regional Epidemiologist	21. Please Type or Print Name	22. Date

23. Veterinary Services hereby declares the above State Consistent for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_

24. Signature of Certifying Official

25. Please Type or Print Name

26. Date

VS FORM 5-24  
APR 2010