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 0579-0047. The time required to complete this information collection is estimated to average 8 hours 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 0579-0047 Exp. 00/00/0000

The information in this report is needed for effective monitoring and management of the Brucellosis Federal-State Cooperative Program (9 CFR Parts 51 and 78).

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

APPLICATION FOR BRUCELLOSIS CLASSIFICATION OR RECLASSIFICATION OF STATE

(VS MEMORANDUM 551.4)

(Under the Uniform Methods and Rules for the E	stablishment and Maintenance of Class Free, A, B, or C)	
STATE	OR AREA SMALLER THAN A STATE	
ADDI ICATI	ON FOR ("X" one)	
APPLICATI	JN FOR (X title)	
	T CONTINUIATION	
ADVANCEMEN	Γ CONTINUATION	
OLIALIFICATION LINE	ODM METHODS AND DIJLES	
PART QUALIFICATION - UNIF	ORM METHODS AND RULES	
PART		
APPLICATI	ON – REQUEST	
	•	
(For Modified Certified Brucellosis	Area or Certified Brucellosis – Free Area)	
The provisions of Uniform Methods and Rules have	e been met. We request that this ("X" one of the following)	
'		
STATE / AREA be declared a Class		
SIGNATURE OF STATE OFFICIAL		DATE
SIGNATURE OF STATE OFFICIAL		DATE
SIGNATURE OF FEDERAL VETERINARIAN IN CHARGE		DATE
		_
	W=10.4=10.1	
CERT	TFICATION	
Veterinary Services hereby declares the above	("X" one) STATE / AREA	
A Class	State/Area for the period beginning	
A Class	State/Area for the period beginning	
20and @	ending 20	
CICALATURE OF CERTIFYING OFFICIAL		DATE
SIGNATURE OF CERTIFYING OFFICIAL		DATE
		1

STATE						OR AREA SMALLER THAN A STATE										
GENERAL INFORMATION																
1. HERD AND CATTLE POPULATION OF STATE/AREA							2. DETERMINED BY ("X" applicable item)									
A. Total Herds B. Number of Breeding Cows							Tax Records				Farm Survey					
								SRS Records				Previous Area Test				
3. REPORT DATES: FROM								то								
			BRUCEL	LOS	SIS	FIELD BI	OOD	TESTING	SUMMA	RY						
					NUMBER RESULTS OF BLOOD T											
HERD AND CATTLE CLASSIFICATIONS						MCI reactors epresented	5	B. Herds	C. Cattle			D. Number E. Pel				
4. Follow up blood tests of BRT suspicious herds.																
Tests of herds of origin of MCI reactors having negative herd tests.																
Tests of herds of origin of MCI reactors having reactors on herd tests.																
7. Area herd tests.																
All other complete initial herd blood tests revealing reactors in this reporting period.																
Herd having virulent field infection (not proven otherwise). Deductions must be justified in a narrative report.																
10. Percent of infection based on area population.														90	÷ 1A %	
		BRU	CELLOS	is si	UR\	/EILLAN	CE TE	STING-MII	LK AND	BLC	OOD				70	
11. BRT tests.							Rou	nds per year	Total Hero	ds sub test	ject		with less 3 rounds			
12. Market cattle identification (MCI) surveillance at slaughter this state.							eligible cattle aughtered	Blood samples N collected				Reactors ound				
13. Market cattle identification (MCI) surveillance (all other MCI tests including markets, farms, reports from other states).								Blood samples tested				MCI Reactors found				
14. Total MCI surveillance.								Total MCI tests 12C + 13C			ts	Total Reactors 12D + 13D		14D	14D ÷ 14C %	
				NO	O. N	ICI REA	CTORS	TRACED								
IDENT. STATUS OF ANIMAL	A. TRACED T KNOWN REACTOR HERDS	B.	TRACED AN HERD TEST IS ECOMMENDE	S I	C. TRACED AND HERD TEST NOT RECOMMENDED			RACED TO DEALER	E. TRACED TO FEED LOT		О	F. TRACED TO ANOTHER STATE		G. UNABLE TO TRACE		
15. Present																
16. Absent																
17. MCI REACTORS NOT TRACED TO HERDS OF ORIGIN B. Percent (17A ÷ 14D)						18. ADJUSTED MCI RATE C. Percent										
A. No. (14D minus total lines 15 and 16 plus total lines 15 and 16 cpls. D, E, and G)							A. No. MCI tests minus line 5A, minus			inus I	MCI reactors (line 14D us lines 15 and 16 cols. and F)		reactors (18B ÷ 18A)			
OTHER SPECIES OF DOMESTIC ANIMALS BLOOD TESTED																
				CTED Animals		SPECIES NUMBE				MBER Animals	INFE Herds	CTED Animals				
19.				1101		7	22.						1.5145	,		
20.							23.	23.								
21.							24.									