| No.    According to the Paperonk Reduction Act of 1995, an agency may not conduct or sponder, and a person is not required to respond to collection of information unless the displayers asked Mode Control number. The valid OMS control required to complete this information officetion are officed application has been received (9 CFR Part 92 and 9 CFR Part 3).    OFF Part 33    United States Department of Agriculture Animal and Plant Health Inspection Service Veterinary Services   APPLICATION FOR INTRANSIT PERMIT (Animals, Animal Semen, Animal Embryos, Birds, Poulty, or Hatching Eggs)   INSTRUCTIONS TO IMPORTER: Complete and submit one copy to USDA, APHIS, VS, 4700 River Road, Unit 38, Riverdale, MD 20737.  Prepare a separate application for each shipment.  2. NAME AND ADDRESS OF IMPORTER (Include ZIP Code)  TELEPHONE NUMBER (Include Area Code)  ON O |
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| Animal and Plant Health Inspection Service Veterinary Services  APPLICATION FOR IMPORT OR IN TRANSIT PERMIT (Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eggs) INSTRUCTIONS TO IMPORTER: Complete and submit one copy to USDA, APHIS, VS, 4700 River Road, Unit 38, Riverdale, MD 20737. Prepare a separate application for each shipment.  2. NAME AND ADDRESS OF IMPORTER (Include ZIP Code)  TELEPHONE NUMBER (Include Area Code)  5. MODE OF TRANSPORTATION (Name of Airline or Vessel and flight no.)  6. ANIMAL, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS  A. B. C. D. DESCRIPTION  |
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| Prepare a separate application for each shipment.  2. NAME AND ADDRESS OF IMPORTER (Include ZIP Code)  3. PORT OF EMBARKATION (From Canada show only for ocean vessel or airplane shipments)  4. COUNTRY FROM WHICH SHIPPED  TELEPHONE NUMBER (Include Area Code)  5. MODE OF TRANSPORTATION (Name of Airline or Vessel and flight no.)  6. ANIMAL, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS  A. B. C. D. DESCRIPTION  |
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| A. B. C. D. DESCRIPTION  |
| A. B. C. D. DESCRIPTION  |
| NO. BREED SPECIES (Sex, Age, Registered Name and No., Tattoo, Tag No., other Markings)   |
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| E. PURPOSE OF IMPORTATION  |
| 7. ROUTE OF TRAVEL INCLUDING ALL CARRIER STOPS ENROUTE (From Canada show route of travel only for ocean vessel or airplane   |
| shipment)  |
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| 8. PROPOSED SHIPPING DATE (From Canada show only for 9. PROPOSED ARRIVAL DATE 10. UNITED STATES PORT OF ENTRY  |
| ocean vessel or airplane shipment)   |
|  |
| 11. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE (After quarantine, when required)  12. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES (After quarantine, when required) (Location)  |
| (Include ZIP Code)   |
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14. SIGNATURE OF IMPORTER

13. REMARKS

TELEPHONE NUMBER (Include Area Code)

15. DATE SIGNED