No animals, animal semen, anii embryos, birds, poultry, or hatching eggs may be imported unless a completed application been received (9 CFR Part 92 a 9 CFR Part 93).	respond to, a information of has required to cand for reviewing	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 numbers for this information collection are 0579-0040, 0579-0094, 0579-0224, 0579-0228, 0579-0245, 0579-0301, and 0579-0340. The time required to complete this information collection is estimated to average between .16 and 2 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.				
United States Department of Agriculture 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)				NAME AND ADDRESS OF 3. PORT OF EMBARKATION		
				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						
NO.	BREED	SPECIES	(Sex, Age, Registered Name and No	o., Tattoo, Tag No.,	other Markings)
E. PURPOSE OF IMPO	ORTATION					
7. ROUTE OF TRAVEL INCLUDING ALL CARRIER STOPS ENROUTE (From Canada show route of travel only for ocean vessel or airplane shipment)						
PROPOSED SHIPPING DATE (From Canada show only for ocean vessel or airplane shipment) 9.				POSED ARRIVAL DATE	10. UNITED STA	ATES PORT OF ENTRY
11. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE (After quarantine, when required) (Include ZIP Code)				12. WHERE DELIVERY WILL (After quarantine, when required)		UNITED STATES
TELEPHONE NUMBER	R (Include Area	Code)				
13. REMARKS						
14. SIGNATURE OF I	MPORTER					15. DATE SIGNED
						2 2.0112