No animals, animal semen, embryos, birds, poultry, or hatching eggs may be impo unless a completed applica been received (9 CFR Part 9 CFR Part 93).	respond to information tion has required to 92 and reviewir	a collection of information unless it collection are 0579-0040, 0579-009 complete this information collection is	displays a valid 4, 0579-0224, is estimated to	r may not conduct or sponsor, and a perso I OMB control number. The valid OMB con 0579-0228, 0579-0245, 0579-0301, and 03 average between .16 and 2 hours per resp hering and maintaining the data needed, a	ntrol numbers for this 579-0340. The time ponse, including the time	OMB Approved 0579-0040, 0579-0094, 0579-0141, 0579-0165, 0579-0218 0579-0224, 0579-0228, 0579-0245, 0579-0301, and 0579-0340
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.				1. NAME AND ADDRESS OF SHIPPER IN COUNTRY OF ORIGIN		
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 NO. BREED SPECIES (Sex, Age, Registered Name and No., Tattoo, Tag No., other Markings)						
E. PURPOSE OF IN		ALL CARRIER STOPS EN	IROUTE (F	From Canada show route of travel	only for ocean vessel o	r airplane shipment)
8. PROPOSED SHIPPING DATE (From Canada show only for ocean vessel or airplane shipment) 9. PRO				POSED ARRIVAL DATE	10. UNITED STAT	TES 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		JNITED STATES
TELEPHONE NUMBER (Include Area Code)						
13. REMARKS						
14. SIGNATURE OI	FIMPORTER				1	5. DATE SIGNED