PLEASE TYPE OR PRINT CLEARLY.

No controlled material, organisms, or vectors may be imported or moved interstate unless the data requested on this form is furnished and certified (9 CFR Parts 94, 95, and 122).

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 of these collections of information are 0579-0015, 0579-0094, 0579-0145, 0579-0213, 0579-0234, 0579-0245, and 0579-0301. The estimated time to complete this information collection is estimated to average between .5 and 1.6 hours per response, including the time for reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0015, 0579-0094, 0579-0145, 0579-0213, 0579-0234, 0579-0245, and 0579-0301

(5 6) 11 (1 (1) 5 4, 5 6, (1) (1 (2))	maintaining the data needed, and completing and re-	viewing the collection of information.		
UNITED ST	1. MODE OF TRANSPORTATION (F	Please "X"):	-	
ANIWAL AN	D PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES		<b>—</b>	
National C	enter for Import-Export, Products Program 4700 River Road, Unit 40	L AIR L	SEA	LAND
	Riverdale, MD 20737-1231	2. UNITED STATES PORTS OF ENT	TRY	
APPLI	CATION FOR PERMIT TO:			
	ANSPORT CONTROLLED MATERIAL OR ORGANISMS OR VECTORS			
3. IMPORTER: (Name, organ	nization, complete address, telephone and fax numbers	4. SHIPPER(s): (Name and Address	of producer/shippe	er)
of individual who will receive and be responsible for the imported material)				
5 DESCRIBE THE MATERI	AL TO BE IMPORTED (Provide the following information	as annlicable: Animal species and tissue	e of origin of anim	al product country of origin of
5. DESCRIBE THE MATERIAL TO BE IMPORTED (Provide the following information, as applicable: Animal species and tissue of origin of animal product, country of origin of the animal for which raw animal product was sourced, processing country, recombinant system and genetic inserts, antibody immunogenic stabilizers, nutritive factors of				
animal origin in media.) (COMPLETE VS FORM 16-7 for cell culture and their products.)				
6. QUANTITY, FREQUENCY OF IMPORTATION, AND EXPECTED COMPLETION DATE (Estimate)				
7. PROPOSED USE OF MATERIAL AND DERIVATIVES (Also, for animal pathogens or vectors, describe facilities/biosafety procedures)				
8. IF FOR USE IN ANIMALS, <u>SPECIFY</u> THE ANIMAL SPECIES				
	IAL <b>PRIOR</b> TO IMPORTATION INTO THE UNITED STAT	ES (Processing/purification methods, in	cluding time at spe	ecific temperatures, pH, other
treatments, disease safeguards, etc.)				
10. METHOD OF FINAL DISPOSITION OF IMPORTED MATERIAL AND DERIVATIVES				
I CERTIFY AS AUTHORIZED BY THE COMPANY/INSTITUTION THAT I REPRESENT, THAT THIS MATERIAL WILL BE USED IN ACCORDANCE WITH ALL				
RESTRICTIONS AND PRECAUTIONS AS MAY BE SPECIFIED IN THE PERMIT.				
11. SIGNATURE OF APPLIC	CANT	12. TYPED NAME AND TITLE		
10 DATE	14 ADUIG HOED FEE ODEDIT ACCOUNT NO. CO.	THOS OF USES EET SAVAGENES	//CA == 14:= / = C	al in alcada accesada e con d
13. DATE	<ol> <li>APHIS USER FEE CREDIT ACCOUNT NO. OR ME expiration date).</li> </ol>	THOU OF USER FEE PAYMENT (for \	visa or MasterCar	a iriciuae number and