U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE

EUROPEAN UNION HEALTH CERTIFICATE REQUEST

EU TRANSIT

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. This valid OMB control number for this collection is 0581-0283. The time required to complete this information collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

STORAGE	☐ FAXED (CERTIFICATE*	ADDITIONAL CI	ERTIFIED COPIES"	*ADDITIONAL CHARGES APPLY	
CONTACT INFORMATION			MAILING INFORMATION			
		G. COMPANY				
B. AMS BILLING ACCO	UNT		H. CONTACT			
C. BILLING REFERENCE			I. STREET			
D. E-MAIL ADDRESS			J. CITY			
E. TELEPHONE			K. STATE			
F. FAX			L. ZIP			
I.1 CONSIGNOR	•		1.2 CERTIFICATE NUMBER			
NAME						
ADDRESS			I.3 CENTRAL COMPETENT AUTHORITY			
CITY	STATE		AGRICULTURAL MA	AGRICULTURAL MARKETING SERVICE		
POSTAL CODE	TEL.Nº					
I.5 CONSIGNEE			I.6 PERSON RESPONSIBLE FOR LOAD IN EU			
NAME			NAME			
ADDRESS			ADDRESS			
POSTAL CODE	TEL.Nº		POSTAL CODE		TEL.Nº	
1.9 COUNTRY OF DESTINA	TION ISO CODE					
I.11 PLACE OF ORIGIN			I.12 PLACE OF DES	TINATION		
NAME APP	ROVAL NUMBER ADD	RESS	APPROVAL CODE		CUSTOM WAREHOUSE	
			NAME			
			ADDRESS			
			POSTAL CODE			
I.13 PLACE OF LOADING			I.14 DATE OF DEPA	ARTURE	DATE OF ARRIVAL	
I.15 MEANS OF TRANSPORT AEROPLANE			I.16 ENTRY BIP IN I	EU		
ID	DOC REF					
I.18 DESCRIPTION OF COMMODITY			I.19 COMMODITY CODE (HS CODE)			
			I.20 QUANTITY (NET/GROSS WEIGHT)			
I.21 TEMPERATURE OF PRODUCT AMBIENT			GROSS WEIGHT kg			
1.23 IDENTIFICATION OF			NET WEIGHT	kg		
CONTAINER			I.22 NUMBER OF P	ACKAGES		
SEAL NUMBER			I.24 TYPE OF PACK	AGING		
SEAL HOWINGER			1.24 THE OF FACE	A01110		
I.25 COMMODITIES CERTIFIED FOR: HUMAN CONSUMPTION			I.27 FOR IMPORT OR ADMISSION TO THE EU			
I.26 FOR TRANSIT THROUGH EU TO 3 RD COUNTRY			3RD COUNTRY ISO CODE			
1.28 IDENTIFICATION OF THE COMMODITIES			RAW MILK PRODUCT			
SPECIES	FDA PLANT APPROVAL	NUMBER OF PACKAGES	NET WEIGHT	В	ATCH NUMBER(S)	
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DA-253 (01/2016)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992, Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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F. FAX	L. ZIP					
I.1 CONSIGNOR	I.2 CERTIFICATE NUMBER					
NAME						
ADDRESS	I.3 CENTRAL COMPETENT AUTHORITY					
CITY STATE	AGRICULTURAL MARKETING SERVICE					
POSTAL CODE TEL.№						
I.5 CONSIGNEE						
NAME						
ADDRESS						
POSTAL CODE TEL.Nº						
I.9 COUNTRY OF DESTINATION ISO CODE						
I.11 PLACE OF ORIGIN						
NAME APPROVAL NUMBER ADDRESS						
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I.15 MEANS OF TRANSPORT AEROPLANE	I.16 ENTRY BIP IN EU					
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CITY STATE		AGRICULTURAL MARKETING SERVICE				
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Form Approved OMB No. 0581-0283

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FLLHTB

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NAME			
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ADDRESS	I.3 CENTRAL COMPETENT AUTHORITY AGRICULTURAL MARKETING SERVICE		
CITY STATE	AGRICULTURAL MARKETING SERVICE		
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SIGNATURE	DATE		

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