

No animals, animal semen, animal embryos, birds, poultry, or hatching eggs will be imported unless a completed application has been received (9 CFR Part 92 and 9 CFR Part 93).	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, 0579-0165, 0579-0218, 0579-0224, 0579-0228, 0579-0245, 0579-0265, 0579-0301, 0579-0324, and 0579-XXXX. 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.	OMB Approved 0579-0040, 0579-0094, 0579-0165, 0579-0218, 0579-0224, 0579-0228, 0579-0245, 0579-0265, 0579-0301, 0579-0324, and 0579-XXXX
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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES APPLICATION FOR IMPORT OR IN TRANSIT PERMIT <i>(Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eggs)</i>	1. NAME AND ADDRESS OF SHIPPER IN COUNTRY OF ORIGIN
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.	3. PORT OF EMBARKATION <i>(From Canada show only for ocean vessel or airplane shipments)</i>
2. NAME AND ADDRESS OF IMPORTER <i>(Include ZIP Code)</i>	4. COUNTRY FROM WHICH SHIPPED
TELEPHONE NUMBER <i>(Include Area Code)</i>	5. MODE OF TRANSPORTATION <i>(Name of airline or vessel and flight number)</i>

6. ANIMAL, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS			
A. NO.	B. BREED	C. SPECIES	D. DESCRIPTION <i>(Sex, Age, Registered Name and No., Tattoo, Tag No., other Markings)</i>

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)*

8. PROPOSED SHIPPING DATE <i>(From Canada show only for ocean vessel or airplane shipment)</i>	9. PROPOSED ARRIVAL DATE	10. UNITED STATES PORT OF ENTRY
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11. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE <i>(After quarantine, when required)</i> <i>(Include ZIP Code)</i>	12. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES <i>(After quarantine, when required)</i> <i>(Location)</i>
TELEPHONE NUMBER <i>(Include Area Code)</i>	

13. REMARKS

14. SIGNATURE OF IMPORTER	15. DATE SIGNED
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