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, 0579-0218, 0579-0224, 0579-0228, **OMB Approved** 0579-0040, 0579-0218, 0579-0224, 0579-0228, 0579-0301,0579-0324, and 0579-XXXX. The time required to complete this information collection is estimated to average between .16 and 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection 0579-0301, 0579-0324, and 0579-XXXX UNITED STATES DEPARTMENT OF AGRICULTURE 1. PORT OF ARRIVAL 2. DATE OF ARRIVAL ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES 3. IMPORT PERMIT NUMBERS **DECLARATION FOR IMPORTATION** (Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eggs) 4. COUNTRY OF ORIGIN OF HEALTH CERTIFICATE 5. PORT OF EMBARKATION (City, Country) No animals, animal semen, animal embryos, birds, poultry or hatching eggs may be imported unless a completed application has been received (9 CFR 92, 93, 94 and 98). 6. CARRIER AND VESSEL OR FLIGHT NUMBER INSTRUCTIONS: Importer, owner, or authorized agent will complete an original and one copy which will be presented to the Collector of Customs, at port of arrival for appropriate distribution. 7. NAME AND ADDRESS OF IMPORTER (Include ZIP Code) 8. NAME AND ADDRESS OF BROKER (If any) (Include ZIP Code and Telephone Number) 9. ANIMALS, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS COMMON NAME SEX PURPOSE OF IMPORTATION NUMBER (When it can (Dairy, feeding, grazing, breeding, racing, pleasure, slaughter, special breeding, hatching, exhibition, propagation, medical, scientific, educational, etc.) show breed and species) be determined) 10. NAME AND ADDRESS OF DESTINATION AFTER RELEASE (Include ZIP Code) REMARKS I hereby request quarantine or inspection service and agree to reimburse Veterinary Services or pay in advance for the cost thereof, as may be required, and waive all claims against Veterinary Services or their employees for damages which may arise from such service The undersigned hereby certifies that the foregoing declaration is true and correct. 11. EXECUTED BY (Signature) 12. TYPE OR PRINT NAME AS SIGNED IN ITEM 11

Authorized Agent

Owner

Importer

14. DATE

13. TITLE