

**APPLICATION FOR A PERMIT TO IMPORT
 A DOG INADEQUATELY IMMUNIZED AGAINST RABIES**

Guidance for completing this form is available at <http://www.cdc.gov/animalimportation/>. This form may be submitted electronically or by postal mail to the Centers for Disease Control and Prevention, Quarantine and Border Health Services Branch. Mailing Address: 1600 Clifton Road NE, Mailstop E-03, Atlanta, GA 30329. E-mail: cdcanimalimports@cdc.gov.

SECTION A – APPLICANT			
1. Last Name:		2. First Name:	3. Middle Initial:
4. Mailing Address:		5. City:	6. State:
7. Zip Code:	8. Phone:	9. E-mail:	
10. Passport/U.S. Driver's License #:		11. Country/State Issued by:	
SECTION B – PERMIT HOLDER (if different from above)			
12. Last Name:		13. First Name:	14. Middle Initial:
15. Mailing Address:		16. City:	17. State:
18. Zip Code:	19. Phone:	20. E-mail:	
21. Passport/Driver's License #:		22. Country/State Issued by:	
SECTION C – IDENTIFICATION OF DOG			
23. Country of Origin:		24. Length of time (in months) in country of origin:	
25. Date of Birth (MM/DD/YY):	26. Sex:	27. Breed:	28. Color (attach photograph)
29. Microchip # (if available):	30. Tattoo # (if available):	31. Date of rabies vaccination (MM/DD/YY) - submit copy of rabies vaccination certificate:	

Public reporting burden of this collection of information is estimated to average 15 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 of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA 0920-0134.

SECTION D – ENTRY AND FINAL DESTINATION

32. Date of entry (MM/DD/YY) for intended importation into the United States:	33. U.S. port of entry for intended importation (refer to www.cbp.gov/contact/ports):	
Intended final destination (i.e., proposed confinement location): (Refer to the box above Section G for information about confinement)		
34. Street Address:	35. Phone:	
36. City:	37. State:	38. Zip Code:

SECTION E – TRAVEL ITINERARY

39. Air	Airline _____ Flight # _____ AWB # _____	<input type="checkbox"/> Hand carry <input type="checkbox"/> Checked baggage <input type="checkbox"/> Cargo
40. Land border crossing	<input type="checkbox"/> Bus Company _____ <input type="checkbox"/> Train Company _____	<input type="checkbox"/> Private vehicle license plate # _____ License plate issued by _____
41. Sea	Ship Company _____ Vessel name _____	

SECTION F – REQUEST DETAILS

42. Purpose for which the dog is being imported: <input type="checkbox"/> Resale <input type="checkbox"/> Rescue/Adoption <input type="checkbox"/> Personal Pet <input type="checkbox"/> Research <input type="checkbox"/> Veterinary Care <input type="checkbox"/> Other _____
43. The reason why permission to import is being requested: <input type="checkbox"/> Unable to vaccinate against rabies because of research protocols (attach protocols and other supporting documents) <input type="checkbox"/> Dog too young to be vaccinated (i.e., younger than 3 months old) <input type="checkbox"/> Less than 30 days after initial rabies vaccination <input type="checkbox"/> Current rabies vaccine certificate has expired <input type="checkbox"/> Other _____

SECTION G – SIGNATURE

I am the owner (or authorized agent for the owner) of the dog listed on this form. I understand that ownership of the dog cannot be transferred to another person while in confinement. The dog must be confined at the address listed on this form and may not be placed at any other location or with any other person until the confinement period has ended.

I certify that the information given in this application is complete and true to the best of my knowledge.

I agree to obey the conditions listed in this application. I will comply with all restrictions and precautions in the permit, as well as all applicable import regulations.

I understand that I may be convicted of a crime if I don't comply with these import requirements. I could be sentenced to 1 year in jail and/or a maximum fine of \$100,000 if the violation doesn't result in a death or a maximum fine of \$250,000 if the violation does result in a death. Violations by an organization are punishable by a maximum fine of \$200,000 per violation (if no death) and \$500,000 per violation if there is a death. These penalties are provided for under 42 U.S.C. § 264 and 42 U.S.C. § 271 (as enhanced by 18 U.S.C. §§3559 & 3571).

44. Legal Signature: Typed First and Last Name

45. Date Signed:

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

First Name:

Middle Initial:

Last Name:

Date Signed: