

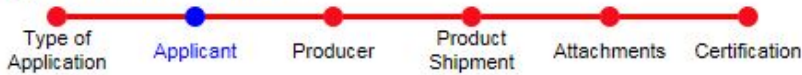


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## APHIS Form 2005 - Application for U.S. Veterinary Biological Product Permit (Veterinary Vaccine or Diagnostic test)

Application No. 16285044



### Name and Address of Applicant

\* = Required field

Title:  -- Select -- v

\* First Name:

Middle Name:

\* Last Name:

Position Title:

Organization:

\* Street Address Line 1:

Street Address Line 2:

\* City:

Country:

\* State:  v

\* Zip Code:

\* Day Telephone:  -  -

Day Extension:

Fax Telephone:  -  -

Email Address(es): [Delete](#)

brenna.kunkel@wisc.edu

New Email Address:

Newly-added email addresses are not saved until 'Continue' is clicked.

**Save & Continue**

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## APHIS Form 2005 - Application for U.S. Veterinary Biological Product Permit (Veterinary Vaccine or Diagnostic test)

Application No. 16285044



### Name and Address of Producer

\* = Required field

Title:  -- Select --

First Name:

Middle Name:

Last Name:

\*  Click here if the Producer is not an organization (company or institution).

OR

\* Organization:

\* Street Address Line 1:

Street Address Line 2:

\* City:

\* Country:

Postal Code:

**Save & Continue**

AP2005-300-00

## APHIS Form 2005 - Application for U.S. Veterinary Biological Product Permit (Veterinary Vaccine or Diagnostic test) Application No. 16285044



### Product Shipment

for Research and Evaluation

\* Name of Product:    
Describe (if "Other" selected):

\* Estimated Arrival Date:    
\* Estimated Quantity:   
U.S. Port of Entry:

Enclose brief description of product: methods of propagation including composition of medium; species of animals or cell cultures used; method of inactivation or attenuation; recommendation for use; and proposed plan of evaluation pursuant to 9 CFR 104.4(a)

\* Product Description:

Research Institution address is same as Applicant's address  
**OR**  
Furnish name and location of institution doing research if different from Applicant's address

\* Research Institution Name:   
Street Address Line 1:   
Street Address Line 2:   
\* City:   
\* State:    
ZIP Code:

**Save & Continue**



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## APHIS Form 2005 - Application for U.S. Veterinary Biological Product Permit (Veterinary Vaccine or Diagnostic test)

Application No. 16285044



### Attachments

Attachment File Name	Delete
<a href="#">Import Permit LSI ELISA signed application 11Oct2016BK.pdf</a>	<input type="checkbox"/>
	<input type="button" value="Delete"/>

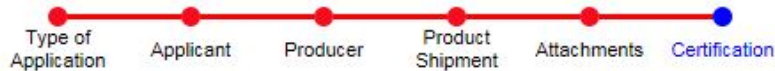
Choose a file to attach

APHIS requires a signed copy of your application. You can either print, scan and attach your signed application on this page, or fax /mail it after the Certification page.

AP2005-500-009

## APHIS Form 2005 - Application for U.S. Veterinary Biological Product Permit (Veterinary Vaccine or Diagnostic test)

Application No. 16285044



### Certification

\* = Required field

\*  In Accordance with the Act of Congress approved March 4, 1913, (37 Stat. 832-833; 21 U.S.C. 151-158), application is hereby made for a permit to import the herein named biological product for the purpose specified in Item 2 of the APHIS Form 2005 (see Printable Application above). If a permit is issued under this application, the recipient expressly agrees to conform strictly to all rules, regulations, and orders of the Department governing the importation of veterinary biological products and that the product will not be labeled or advertised so as to mislead or deceive in any particular.

Note: You will not be able to make changes to this application after clicking the Submit Application button below.

**Submit Application**

AP2005-600-011