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 OMB control number for this information collection is 0579-0065. The time required to complete this information collection is estimated to average between 4 and 6 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 0579-0065 Exp.: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

APPLICATION FOR PERMIT TO MOVE SLAUGHTER SWINE FROM ORIGINATING SLAUGHTER FACILITIES TO APPROVED DESTINATION FACILITIES

	TO APPROVED DESTINATION FACILITIES
1A. FACILITY NAME	ESTINATION FACILITIES 1B. FACILITY ADDRESS
1C. CONTACT PERSON	
1D. TELEPHONE	
2A. FACILITY NAME	2B. FACILITY ADDRESS
2C. CONTACT PERSON	
2D. TELEPHONE	
3A. FACILITY NAME	3B. FACILITY ADDRESS
3C. CONTACT PERSON	
3D. TELEPHONE	
4A. FACILITY NAME	4B. FACILITY ADDRESS
4C. CONTACT PERSON	
4D. TELEPHONE	
The applicant agrees to abide by all terms in this agreement. If approved destination facilities should change, the applicant will inform Assistant Directors' office of both the originating State and the destination State for approval of additions or deletions to the list of approved facilities prior to changing the destination(s) of reshipped slaughter swine. 5. THE PERMIT, IF APPROVED IS VALID FOR THREE YEARS FROM:	
	. APPLICANT
6A. NAME (Printed) 6B.	SINGATURE 6C. DATE
7 ASSISTANT DIR	ECTOR'S ORGINATING STATE
7A. NAME (Printed)	7B. SINGATURE
7C. ORGINATING STATE	7D. DATE
8. ASSISTANT DIRECTOR'S DESTINATION STATE	
8A. NAME (Printed)	8B. SINGATURE
8C. DESTINATION STATE	8D. DATE
9. STATE VETERINARIAN DESTINATION STATE	
9A. NAME (Printed)	9B. SINGATURE
9C. DESTINATION STATE	9D. DATE