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 number for this information collection is 0579-0047. The time required to complete this information collection is estimated to average 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 0579-0047 EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES The information in this report is needed for effective monitoring and management of the Brucellosis Federal-State Cooperative Program (9 CFR Parts 51 and 78).

GEOGRAPHIC AREA

## APPLICATION FOR VALIDATION OF A BRUCELLOSIS-FREE AREA

STATE

APPLICATION FOR BRUCELLOSIS-FREE

The following basic requirements have been met:

- (1) In accordance with the provisions of the current Brucellosis Eradication-Uniform Methods and Rules, the required testing has been completed and the incidence of Brucellosis did not exceed the limits specified.
- (2) All swine herds in which brucellosis was disclosed have been slaughtered or released from quarantine. No known foci of swine brucellosis remain in the area. There are no pending tests of swine herds suspected of being affected with Brucellosis.
- (3) Procedures for maintaining continuous surveillance of the swine population as prescribed by the Brucellosis Eradication-Uniform Methods and Rules, are adequate to locate swine brucellosis if introduced into the area.

If reactors are disclosed in the Area in the future they will be reported promptly to Veterinary Services, Riverdale, Maryland 20737.

We request that this Area be declared a Validated Brucellosis-Free Area.

SIGNATURE OF STATE OFFICIAL	TITLE	DATE			
SIGNATURE OF FEDERAL VETERINARIAN IN CHARGE					

## **CERTIFICATION**

Veterinary Services hereby declares the above Area

A VALIDATED BRUCELLOSIS-FREE AREA

beginning, a	nd ending
SIGNATURE OF VS CERTIFYING OFFICER	DATE

TESTING SUMMARY													
<ol> <li>REQUEST FOR BRUCE</li> </ol>	LLOSIS-FREE		2. GEOGRAPHIC AREA						3. STATE				
☐ VALIDATION ☐	REVALIDATION	N 🗆	REIN	ISTATEME	MENT								
4. QUALIFYING METHOD													
☐ COMPLETE HERD (Area) TESTING ☐ ALTE			ERNATE METHOD 1			☐ AL	☐ ALTERNATE METHOD 2				☐ OTHER (Specify)		
5. TOTAL HERDS IN AREA	(Item 6a + 7)	6. HERI	DS IN	I AREA QU	ALIFIED	BY CO	MPLETE HER	RD TEST	S				
			ll No. of Herds Tested			B. Total No. of Swine Tested (6 mos. of age and older)				C. Total No. of Swine Not Tested ( <i>Under 6 mos. of age</i> )			
7. TOTAL NO. OF HERDS			NE HERDS IN AREA SELLIN				ING BREEDING STOCK						
TESTED (Specify reasons not testing each herd in item 18)  A. Total		A. Total	otal No. of Herds			B. N	B. No. of Herds Tested			C. Total No. of Herds Validated Brucellosis-Free			
			9. E	LIGIBLE S	WINE S	LAUGH	TERED		I				
A. No. Slaughtered B. N			No. of Blood Samples Collec			llected		C. Percent Collected (9B ÷ 9A)				%	
		10. MS	T RE	ACTORS 1	TRACED	TO HE	RD OF ORIGI	N				70	
A. No. of Reactors Traced (item 10A + 11A = 14E)		B. Percent of Reactors Not (item 11A ÷ 14E)				Traced	%	C. Total of Herds Tested					
11. MST REACTORS NOT TRACED TO HERDS OF ORIGIN				12 TRACERACY CARABILITY (item OC v 10P)							TING DATES		
A. No of Reactors Not Traced	B. Percent of R	eactors Not								From	1	То	
7. No of reactors not maced	Traced (item 11)									110111		10	
			NUMBER						SULTS O	OF BLODD TESTS			
SWINE OR HERD CLASSIFICATION		INC		/IDLIX		INFEC	TED HERDS		REACTO		R SWINE		
		A. HERDS		B. SV	WINE	C. NUMBER		ERCENT C ÷ A)			F. PERCENT (Col. E ÷ B)		
14. Market Swine Tests													
15. Test of Herds of origin of MST reactors													
16. Other complete herd blood tests													
17. Totals													

<sup>18.</sup> SUMMARY: (Give a brief history of the swine brucellosis status of the area including the date the last infected animal was found. Also, indicate the date of quarantine release of slaughter for this herd. The method of identification of slaughter animals used and other pertinent information should be briefly described. Attach additional sheet if necessary.