

**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**

APPROVED DESTINATION FACILITIES

| | |
|--------------------|----------------------|
| 1A. FACILITY NAME | 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:

6. APPLICANT

| | | |
|---------------------------|---------------|----------|
| 6A. NAME <i>(Printed)</i> | 6B. SINGATURE | 6C. DATE |
|---------------------------|---------------|----------|

7. ASSISTANT DIRECTOR'S ORIGINATING STATE

| | |
|---------------------------|---------------|
| 7A. NAME <i>(Printed)</i> | 7B. SINGATURE |
| 7C. ORIGINATING STATE | 7D. DATE |

8. ASSISTANT DIRECTOR'S DESTINATION STATE

| | |
|---------------------------|---------------|
| 8A. NAME <i>(Printed)</i> | 8B. SINGATURE |
| 8C. DESTINATION STATE | 8D. DATE |

9. STATE VETERINARIAN DESTINATION STATE

| | |
|---------------------------|---------------|
| 9A. NAME <i>(Printed)</i> | 9B. SINGATURE |
| 9C. DESTINATION STATE | 9D. DATE |