

No animals, animal semen, animal embryos, birds, poultry, or hatching eggs will be imported unless a completed application has been received (9 CFR Part 92 and 9 CFR Part 93).

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 numbers for this information collection are 0579-0040, 0579-0218, 0579-0228, 0579-0245, and 0579-0473. The time required to complete this information collection is estimated to average between .16 and 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**  
0579-0040, 0579-0218,  
0579-0228, 0579-0245,  
and 0579-0473

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

**APPLICATION FOR IMPORT OR IN TRANSIT PERMIT**  
(Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eggs)

**INSTRUCTIONS TO IMPORTER:** Complete and submit one copy to USDA, APHIS, VS, 4700 River Road, Unit 38, Riverdale, MD 20737. Prepare a separate application for each shipment.

**1. NAME AND ADDRESS OF SHIPPER IN COUNTRY OF ORIGIN**

**2. NAME AND ADDRESS OF IMPORTER** (include ZIP code)

**3. PORT OF EMBARKATION** (from Canada, show only for ocean vessel or airplane shipments)

**TELEPHONE NUMBER** (include area code)

**4. MODE OF TRANSPORTATION** (name of airline or vessel and flight number)

**5. ANIMAL, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS**

| A. NUMBER  | B. BREED | C. SPECIES | D. DESCRIPTION |
|--|----------|------------|----------------|
| (sex, age, registered name and number, tattoo, tag number, other markings) |          |            |                |
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|  |          |            |                |

**E. PURPOSE OF IMPORTATION**

**6. ROUTE OF TRAVEL FROM ORIGIN TO FINAL DESTINATION INCLUDING ALL CARRIER STOPS ENROUTE**

(In city, country format; from Canada, show route of travel only for ocean vessel or airplane shipment)

**7. PROPOSED SHIPPING DATE** (from Canada, show only for ocean vessel or airplane shipment)

**8. PROPOSED ARRIVAL DATE**

**9. IMPORT QUARANTINE FACILITY** (if applicable, also list a contagious equine metritis (CEM) quarantine facility)

**10. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE** (after quarantine, when required)

**11. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES** (after quarantine, when required) (physical location; no P.O. Boxes)

**TELEPHONE NUMBER** (include Area code)

**12. REMARKS**

**13. SIGNATURE OF IMPORTER**

**14. DATE SIGNED**