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 92)

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

Part 93).	11004	oa, ana completing and reviewi	ig the concent	i of mornador.					
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.  2. NAME AND ADDRESS OF IMPORTER (include ZIP code)				1. NAME AND ADDRESS OF SHIPPER IN COUNTRY OF ORIGIN					
						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, ANIM	MAL SEMEN, ANIMA	L EMBRYOS, BIRDS, POL	JLTRY, OR I	HATCHING EGGS	_				
A. NUMBER	B. BREED	C. SPECIES	D.	DESCRIPTION (sex, age, registered name and number, tattoo, tag number, other markings)					
HOMBER	DREED	OI EGIEG		(, -g-,g	_				
					_				
					_				
E. PURPOSE OF	IMPORTATION								
		N TO FINAL DESTINATION of travel only for ocean vessel or		G ALL CARRIER STOPS ENROUTE					
(III city, country format,	Trom Canada, Show route	or traver only for ocean vesser or	anpiane simpine	in)	_				
7. PROPOSED SHIPPING DATE (from Canada, show only for ocean vessel or airplane				8. PROPOSED ARRIVAL DATE	_				
shipment)									
9. IMPORT QUAR	RANTINE FACILITY	(if applicable, also list a contagious	s equine metritis						
10. NAME AND N	MAILING ADDRESS	OF PERSON TO WHOM D	ELIVERY	11. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES					
WILL BE MADE (after quarantine, when required)				(after quarantine, when required) (physical location; no P.O. Boxes)					
TELEPHONE NUI	MBER (include Area code	 e)							
12. REMARKS				<del>-  </del>					
13. SIGNATURE	OF IMPORTER			14. DATE SIGNED					
	····· -···			I II DATE STORED					