

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, 0579-0165, 0579-0228, and 0579-0245. 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, 0579-0165,
0579-0228, 0579-0245

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)*

4. COUNTRY FROM WHICH SHIPPED

TELEPHONE NUMBER *(include area code)*

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

6. ANIMAL, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS

A. NO.	B. BREED	C. SPECIES	D. DESCRIPTION <i>(sex, age, registered name and number, tattoo, tag number, other markings)</i>

E. PURPOSE OF IMPORTATION

7. ROUTE OF TRAVEL INCLUDING ALL CARRIER STOPS ENROUTE *(from Canada, show route of travel only for ocean vessel or airplane shipment)*

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

9. PROPOSED ARRIVAL DATE

10. UNITED STATES PORT OF ENTRY

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

12. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES *(after quarantine, when required) (location)*

TELEPHONE NUMBER *(include Area code)*

13. REMARKS

14. SIGNATURE OF IMPORTER

15. DATE SIGNED