

.....  
(Place)

.....  
(Date)

Secretary of Health and Human Services  
Washington, D.C.

Sir:

I hereby certify that .....  
(Name of applicant for permit)

.....  
(Address of applicant)

whose application for a permit to ship or transport milk and/or cream into the United States is attached hereto, has complied with the applicable provisions of the Federal Import Milk Act, as shown by the attached reports, and that the signers\* of such reports,

.....  
(Name of signer of report) (Title or veterinary degrees)

.....  
(Name of signer of report) (Title or veterinary degrees)

.....  
(Name of signer of report) (Title or veterinary degrees)

.....  
(Name of signer of report) (Title or veterinary degrees)

acted under my supervision and are authorized to make the required inspections and examinations.

.....  
(Signature of duly accredited official of foreign government or State of the United States or municipality thereof)

.....  
(Date)

\*If space is too limited to list names of all inspectors and veterinarians signing attached reports, the back of this certificate may be used.

NOTE: This form must be filed when applicant desires to obtain a permit based on a certificate of a duly accredited official of an authorized department of a foreign government and / or of any State of the United States or municipality thereof. There must be attached to it, as part thereof, the signed application for a permit and the necessary reports of veterinarians and inspectors.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

**\*DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.\***

The burden time for this collection of information is estimated to average .5 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
Paperwork Reduction Act (PRA) Staff  
*PRAStaff@fda.hhs.gov*

*“An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.”*