



APPLICATION FOR SPECIAL EXEMPTION FOR A PERMITTED DOG IMPORT

FORM APPROVED
OMB NO. 0920-0134
EXP DATE 03/31/2022

Guidance for completing this application is available at: www.cdc.gov/importation/forms.html.

* Denotes a Required field

To Submit Electronically via Email Attachment

- This application is optimized for a desktop/laptop experience
- If not using Adobe Acrobat®, download Acrobat Reader for free
- If on a mobile device, download Acrobat® Reader app from iTunes, Google Play, etc.
- Complete application then save to device
- Email attachment to: CDCAanimalimports@cdc.gov

SECTION A - APPLICANT					
1. * Last Name:		2. *First Name:		3. Middle Initial:	
4. *Intended final destination address (Must be a U.S. Address; no P.O. Boxes):			5. *City:		
6. * State:		7. *Zip Code (5 digits only):	8. *Phone:		9. *E-mail:
10. Passport: Passport #: _____ Country: _____			11. USCIS or US Visa # (*Required if applicable): USCIS #: _____ Visa#: _____		

SECTION B - PERMIT HOLDER (if different from above)					
12. Last Name:		13. First Name:		14. Middle Initial:	
15. Mailing Address (Must be a U.S. Address; no P.O. Boxes):			16. City:		
17. State:		18. Zip Code(5 digits only):	19. Phone:		20. E-mail:
21. Passport: Passport #: _____ Country: _____			22. USCIS or US Visa # (*Required if applicable): USCIS #: _____ Visa#: _____		

SECTION C - IDENTIFICATION OF DOG				
23. *Country of Origin:		24. *Length of time (in months) in country of origin:		
25. *Date of Birth (mm/dd/yy)	26. *Sex:	27. *Breed: If other, specify:		28. *Color:
29. *Microchip #:		30. Date of rabies vaccination (mm/dd/yy) - (attach copy)		31. Date of serology if applicable (mm/dd/yy)- (attach copy)

Public reporting burden of this collection of information is estimated to average 1 hour 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. 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 Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA 0920-0134

SECTION D - ENTRY AND FINAL DESTINATION

32. *Date of entry for intended importation into the United States (mm/dd/yy): _____

33. *U.S. port of entry for intended importation _____

SECTION E - TRAVEL INTINERARY (Complete only one subsection below)

34. *Air

Airline: _____

*Transport Entry Method (choose one below)

If other, specify: _____

Hand carry

Flight #: _____

Checked baggage

AWB #: _____

Cargo

35. *Land border crossing

Private vehicle license plate #: _____

Bus Company: _____

State: _____

Train Company: _____

Province: _____

36. *Sea

Ship company/Vessel name: _____

If other, specify: _____

SECTION F - REQUEST DETAILS

37. *Purpose for which the dog is being imported:

Personal Pet

Service Dog

Government Owned Animal

Research

Other: _____

38. *The reason why permission to import is being requested:

Unable to vaccinate against rabies because of research protocols (attach protocols and other supporting documents)

Other: _____

High-risk country _____

SECTION G - SUPPORTING DOCUMENTS

(Please include the following supporting documents with your application)

39. * Proof of Relocation or Service Dog (Employment Verification, University Acceptance, Official Orders, etc.)

42. * Photos of dog's teeth (front and side)

40. * Rabies Vaccination Certificate

43. * Copy of Photo Page of Passport and Visa/USCIS card (if applicable)

41. * Serology results (if dog was vaccinated outside the U.S.)

SECTION H - SIGNATURE

I am the owner (or authorized agent for the owner) of the dog listed on this form. I understand that ownership of the dog cannot be transferred to another person while in confinement. The dog must be confined at the address listed on this form and may not be placed at any other location or with any other person until the confinement period has ended.

I certify that the information given in this application is complete and true to the best of my knowledge.

I agree to obey the conditions listed in this application. I will comply with all restrictions and precautions in the permit, as well as all applicable import regulations.

I understand that I may be convicted of a crime if I don't comply with these import requirements. I could be sentenced to 1 year in jail and/ or a maximum fine of \$100,000 if the violation doesn't result in a death or a maximum fine of \$250,000 if the violation does result in a death. Violations by an organization are punishable by a maximum fine of \$200,000 per violation (if no death) and \$500,000. These penalties are provided for under 42 U.S.C. §264 and 42 U.S.C. §271 (as enhanced by 18 U.S.C. §§ 3559 & 3571).

*I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

44. *Legal Signature: **Typed First, Middle Initial and Last Name:** _____

45. *Date Signed(mm/dd/yy): _____