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| Form Approved OMB No. 0581-0283 | | | | | | | | | | | | | | | | |
| U.S. DEPARTMENT OF AGRICULTURE  AGRICULTURAL MARKETING SERVICE  EUROPEAN UNION HEALTH CERTIFICATE REQUEST  EU TRANSIT | | | | | | 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. This valid OMB control number for this collection is 0581-0283. The time required to complete this information collection is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. | | | | | | | | | | |
| STORAGE  FAXED CERTIFICATE\*   ADDITIONAL CERTIFIED COPIES\* \*ADDITIONAL CHARGES APPLY | | | | | | | | | | | | | | | | |
| CONTACT INFORMATION | | | | | | | | | MAILING INFORMATION | | | | | | | |
| 1. CONTACT | | |  | | | | | | 1. COMPANY | | | | |  | | |
| 1. AMS BILLING ACCOUNT | | |  | | | | | | 1. CONTACT | | | | |  | | |
| 1. BILLING REFERENCE | | |  | | | | | | 1. STREET | | | | |  | | |
| 1. E-MAIL ADDRESS | | |  | | | | | | 1. CITY | | | | |  | | |
| 1. TELEPHONE | | |  | | | | | | 1. STATE | | | | |  | | |
| 1. FAX | | |  | | | | | | 1. ZIP | | | | |  | | |
| I.1 CONSIGNOR | | | | | | | | | I.2 CERTIFICATE NUMBER | | | | |  | | |
| NAME |  | | | | | | | |  | | | | |  | | |
| ADDRESS |  | | | | | | | | I.3 CENTRAL COMPETENT AUTHORITY  AGRICULTURAL MARKETING SERVICE | | | | | | | |
| CITY |  | | STATE | |  | | | |  | | | | | | | |
| POSTAL CODE |  | | TEL.Nº | |  | | | |  | | | | | | | |
| I.5 CONSIGNEE |  | | | | | | | | I.6 PERSON RESPONSIBLE FOR LOAD IN EU | | | | | | | |
| NAME |  | | | | | | | | NAME | | |  | | | | |
| ADDRESS |  | | | | | | | | ADDRESS | | |  | | | | |
| POSTAL CODE |  | | TEL.Nº | |  | | | | POSTAL CODE | | |  | | | TEL.Nº |  |
| I.9 COUNTRY OF DESTINATION ISO CODE | | | | | | | | | | | | | | | | |
| I.11 PLACE OF ORIGIN | | | | | | | | | I.12 PLACE OF DESTINATION | | | | | | | |
| NAME | APPROVAL NUMBER | | | ADDRESS | | | | | APPROVAL CODE | | | |  | | CUSTOM WAREHOUSE | |
|  |  | | |  | | | | | NAME | | | |  | | | |
|  |  | | |  | | | | | ADDRESS | | | |  | | | |
|  |  | | |  | | | | | POSTAL CODE | | | |  | | | |
| I.13 PLACE OF LOADING | | | | | | | | | I.14 DATE OF DEPARTURE | | | |  | | DATE OF ARRIVAL | |
| I.15 MEANS OF TRANSPORT | | |  | | | | | | I.16 ENTRY BIP IN EU | | | | | | | |
| ID | | | DOC REF | | | | | |  | | | | | | | |
| I.18 DESCRIPTION OF COMMODITY | | | | | | | | | I.19 COMMODITY CODE (HS CODE) | | | | | | | |
|  | | | | | | | | | I.20 QUANTITY (NET/GROSS WEIGHT) | | | | | | | |
| I.21 TEMPERATURE OF PRODUCT | | |  | | | | | | GROSS WEIGHT | | | |  | | | |
| I.23 IDENTIFICATION OF | | | | | | | | | NET WEIGHT | | | |  | | | |
| CONTAINER | | | | | | | | | I.22 NUMBER OF PACKAGES | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| SEAL NUMBER | | | | | | | | | I.24 TYPE OF PACKAGING | | | | | | | |
|  | | | | | | | | |  | | | | | | | |
| I.25 COMMODITIES CERTIFIED FOR: HUMAN CONSUMPTION | | | | | | | | | I.27 FOR IMPORT OR ADMISSION TO THE EU | | | | | | | |
| I.26 FOR TRANSIT THROUGH EU TO 3RD COUNTRY | | | | | | | | | 3RD COUNTRY ISO CODE | | | |  | | | |
| I.28 IDENTIFICATION OF THE COMMODITIES | | | | | | | | | RAW MILK PRODUCT | | | | | | | |
| SPECIES  (SCIENTIFIC NAME) | | FDA PLANT APPROVAL NUMBER | | | NUMBER OF PACKAGES | | | | NET WEIGHT | BATCH NUMBER(S) | | | | | | |
|  | |  | | |  | | | |  |  | | | | | | |
|  | |  | | |  | | | |  |  | | | | | | |
|  | |  | | |  | | | |  |  | | | | | | |
| II.d PRODUCED ON/BETWEEN | | | | |  | | AND | \*\* | | | \*\*FILLED FOR BETWEEN; EMPTY FOR ON | | | | | |
| SIGNATURE | | | | | | | | | DATE | | | | | | | |

DA-253 (01/2013)

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