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 number for this information collection is 0579-0328. The time required to complete this information collection is estimated to average .5 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 0579-0328 EXP. XX/XX/XXXX

19. DATE ENDORSED

DA

YR

MO

| This certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data required are provided.  UNITED STATES DEPARTMENT OF AGRICULTURE  1. DATE OF SHIPMENT   |  |              |             |              |        |        |              |         |  |   |           |                                 |           | can b                  | e valid  | dated     | unless    | s the c  | lata red                      | quired                  | are pro                    | vided                   |         |  |  |
|---|--|--------------|-------------|--------------|--------|--------|--------------|---------|--|---|-----------|---------------------------------|-----------|------------------------|----------|-----------|-----------|----------|-------------------------------|-------------------------|----------------------------|-------------------------|---------|--|--|
| Į.  | 1. DATE OF SHIPMENT  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| VETERINARY SERVICES   |  |              |             |              |        |        |              |         |  |   |           | No.                             |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| 2. NAME AND ADDRESS OF EXPORTER (include ZIP Code)  |  |              |             |              |        |        |              |         |  |   |           | 3. NAME AND ADDRESS OF IMPORTER |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           | 7                               | A         |                        | O        |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| FIPS STATE CODE (for USDA use only)   |  |              |             |              |        |        |              |         |  |   |           |                                 |           | F                      | IPS C    | COUNT     | TRY C     | ODE      | (for US                       | SDA us                  | e only)                    |                         |         |  |  |
|   |  | 6. P         | ROD         | UCT          |        | 7. SEX |              |         |  | 8.TYPE (intended use) ("X" or check)  9. NPIP APPROVA |           |                                 |           |                        |          |           |           |          | L NU                          | MBER                    |                            |                         |         |  |  |
| 4.QUANTITY/UNIT<br>(Eggs-Dozen)<br>(Poultry-Number)   | 5.VARIETY, STRAIN, OR<br>TRADE NAME                          |              | ("X         | or cl        | heck)  | k)     | ("X"         | or ch   | Remales (Males ( | Co  |           | / (                             |           |                        | , ,      | Primary   |           |          | -                             |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        | Straight-run | Females |  |   |           | nmercial<br>duction             |           | Multiplier<br>Breeding |          |           | Breeding  |          |                               | 10. NPIP CLASSIFICATION |                            |                         |         |  |  |
|   |  | R sgg        | sääs        | and the same | 11     |        |              |         |  |   | Stock     | (<br>                           | Stock     |                        |          | Stock     |           | (        | ("X" or check)                |                         |                            |                         | Other   |  |  |
|   |  | Chicken Eggs | Turkey Eggs | Chicks       | Poults | Other  |              |         |  | e d   | e d       |                                 | e e       | e d                    |          | e O       | ec        |          | <u> -</u> ح                   | Ę                       | is                         | <u> </u>                | /       |  |  |
|   |  | Shick        | Į,          |              |        |        |              |         |  | Eggs-Type   | Meat-Type | Other                           | Eggs-Type | Meat-Type              | Other    | Eggs-Type | Meat-Type | Other    | Pullorum-<br>Typhoid<br>Clean | M.<br>eptic             | M.<br>Meleagridis<br>Clean | Sanitation<br>Monitored |         |  |  |
|   |  |              |             |              |        |        |              |         |  | Egg   | Me        |                                 | Egg       | Me                     |          | Egg       | Me        |          | <u>P</u> √Ω                   | Gallis                  | Mek                        | Sar                     |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              | -           | -            |        |        | -            |         |  |   |           |                                 |           |                        | -        |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              | -           | <u> </u>     |        |        | <u> </u>     |         |  |   |           |                                 |           |                        | ļ        |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   | <del></del>  | 11. TO       | OTAL        | NUN          | /BEF   | ROF    | UNI          | rs c    | ERT  | IFIED   | FOR       | EXPC                            | RT        |                        | <u>I</u> | l .       |           | <u>I</u> |                               |                         |                            |                         | I       |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 | DW (A     |                        | ,        |           |           |          |                               |                         |                            |                         |         |  |  |
|   | cate for Hatching Eggs and I                                 |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| days p  | rior to shipment of above ha                                 | atching e    | eggs        | or se        | tting  | of e   | ggs f        | or at   | oove   | shipn   | ent o     | f day                           | old ch    | icks a                 | and fo   | und fr    | ee fro    | m evi    | dence                         | of com                  | munica                     | ble d                   | iseases |  |  |
|   | sofar as can be determined in inspection of the flock or flo |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| routine inspection of the flock or flocks there was no visible evidence of communicable diseases observed on the inspection dates listed in item 13 below; (3) the National Poultry Improvement Plan classification is as indicated in item 9 above, and (4) the prospective exporter has been advised that the hatching eggs must be got and that the shipmont must be made in new classification. |  |              |             |              |        |        |              |         |  |   |           |                                 |           | gs must                |          |           |           |          |                               |                         |                            |                         |         |  |  |
| be clean and that the shipment must be made in new, clean containers.   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| B. Certificate for Poultry other than Newly Hatched Poultry Specified in Certificate A. This is to certify that: (1) on this date all poultry shown in item 5 above, including all other poultry maintained in the flock, were inspected by me on the premises of origin within the past 30 days and found free from evidence of  |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| infectious and contagious diseases and insofar as can be determined have not been exposed to Newcastle disease, fowl plague, fowl typhoid, ornithosis and pullorum disease; and (2) the prospective exporter has been advised that shipment must be made in new containers or clean containers which have been  |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| properly cleaned and disinfected.   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
| 13. REMARKS OR ADDITIONAL INFORMATION (if needed)   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  | 14. TYF      | PEDI        | NAM          | E OF   | ISS    | UING         | VE.     | TERI   | NARI  | AN        |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   | Γ  | 15. SIG      | NAT         | URE          | OF I   | SSU    | ING '        | VETE    | ERIN   | ARIA  | N         |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  |              |             |              |        |        |              |         |  |   |           |                                 |           |                        |          |           |           |          |                               |                         |                            |                         |         |  |  |
|   |  | 16. STA      | ATUS        | ;<br>,       | _      |        |              |         |  |   |           | _                               | _         |                        |          |           |           |          | 17                            |                         | E ISSU                     |                         | VP      |  |  |
|   |  |              |             | _ [          | 1      | . Sta  | ate          |         |  | 2. Fed  | deral     | _ L                             | 3. /      | Accre                  | dited    |           |           |          |                               | MO                      | DA                         |                         | YR      |  |  |

18. SIGNATURE OF ENDORSING FEDERAL VETERINARIAN (if required)

USDA VETERINARY SEAL (if required)

## FIPS STATE CODES

01 - Alabama 18 - Indiana 02 – Alaska 19 – Iowa 04 – Arizona 20 – Kansas 05 – Arkansas 21 - Kentucky 06 - California 22 – Louisiana 08 - Colorado 23 - Maine 09 - Connecticut 24 - Maryland 10 - Delaware 25 - Massachusetts 11 - District of Columbia 26 - Michigan 12 – Florida 27 - Minnesota 13 - Georgia 28 – Mississippi 15 – Hawaii 29 - Missouri 16 - Idaho 30 - Montana 17 – Illinois

31 - Nebraska 44 - Rhode Island 32 - Nevada 45 - South Carolina 46 - South Dakota 33 - New Hampshire 47 - Tennessee 34 - New Jersey 35 - New Mexico 48 - Texas 36 - New York 49 - Utah 50 - Vermont 37 - North Carolina 38 - North Dakota 51 – Virginia 39 – Ohio 52 - Virgin Island 40 - Oklahoma 53 - Washington 41 - Oregon 54 - West Virginia 42 - Pennsylvania 55 - Wisconsin 43 – Puerto Rico 56 - Wyoming

CODES