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

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, 0579-0055, 0579-0218, 0579-0228, 0579-0245, 0579-0473, and 0579-XXXX. 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, -0055, -0218, -0228, -0245, -0473, and -0485

ran 93).										
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES				1. NAME AND ADDRESS OF SHIPPER IN COUNTRY OF ORIGIN						
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. 2. NAME AND ADDRESS OF IMPORTER (include ZIP code)				3. PORT OF EMBARKATION (from Canada, show only for ocean vessel or airplane shipments)						
						TELEPHONE NUMBER (include area code)				4. MODE OF TRANSPORTATION (name of airline or vessel and flight number)
5. ANIMAL, AN	MAL SEMEN, ANIMA	AL EMBRYOS, BIRDS, POUL	TRY, OR I							
A.	B. BREED	C. SPECIES	D.	DESCRIPTION (sex, age, registered name and number, tattoo, tag number, other markings)						
NUMBER	BREED	SPECIES		(Sex, age, registered name and number, tattoo, tag number, other markings)						
E. PURPOSE OI	F IMPORTATION									
		N TO FINAL DESTINATION II e of travel only for ocean vessel or air		G ALL CARRIER STOPS ENROUTE						
<u> </u>		, , , , , . , , , , , , , , , , , , , ,	, , ,	*						
 PROPOSED SHIPPING DATE (from Canada, show only for ocean vessel or airplane shipment) 				8. PROPOSED ARRIVAL DATE						
9. IMPORT QUA	ARANTINE FACILITY	(if applicable, also list a contagious ed	quine metritis	(CEM) quarantine facility)						
10. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE (after quarantine, when required)				11. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES (after quarantine, when required) (physical location; no P.O. Boxes)						
TELEPHONE NUMBER (include Area code)										
12. REMARKS										
42 CICNIATUR	E OF IMPORTER			14. DATE SIGNED						
IS. SIGNATURI	LOFINIFORIER			14. DATE SIGNED						