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 Part 93*).	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

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

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.

1. NAME AND ADDRESS OF SHIPPER IN COUNTRY OF ORIGIN

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, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS

A. NUMBER	B. BREED	C. SPECIES	D. DESCRIPTION *(sex, age, registered name and number, tattoo, tag number, other markings)*

E. PURPOSE OF IMPORTATION

6. ROUTE OF TRAVEL FROM ORIGIN TO FINAL DESTINATION INCLUDING ALL CARRIER STOPS ENROUTE
(In city, country format; from Canada, show route of travel only for ocean vessel or airplane shipment)

7. PROPOSED SHIPPING DATE *(from Canada, show only for ocean vessel or airplane shipment)*

8. PROPOSED ARRIVAL DATE

9. IMPORT QUARANTINE FACILITY *(if applicable, also list a contagious equine metritis (CEM) quarantine facility)*

10. NAME AND MAILING ADDRESS OF PERSON TO WHOM DELIVERY WILL BE MADE *(after quarantine, when required)*

TELEPHONE NUMBER *(include Area code)*

11. WHERE DELIVERY WILL BE MADE IN THE UNITED STATES
(after quarantine, when required) (physical location; no P.O. Boxes)

12. REMARKS

13. SIGNATURE OF IMPORTER

14. DATE SIGNED