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 these information collections are 0579-0040 and 0579-0453. The time required to complete this information collection is estimated to average .12 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 and 0579-0453

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES  APPLICATION FOR INSPECTION AND DIPPING			PORT OF ENTRY
			PROPOSED DATE OF ENTRY
NUMBER	BREED	SPECIES	PURPOSE
undersigned agrees to waive all cl	laims against the United States for und to be still tick infested, and also	any loss or damage to livestock of o for all subsequent loss or damag	ock described, when offered for Importation. The casioned by or resulting from dipping, or resulting e to any other animals In the possession or control of
MUNICIPALITY OF ORIGIN			STATE OF ORIGIN
WONION ALTH OF ORIGIN			STATE OF OKNOW
RECORD OF LAST DIPPING			
NAME AND BUSINESS ADDRESS OF	FIMPORTER		
FOR DELIVERY TO			
TOR BELIVERT TO			
none of the animal have been in a	iny other country during the time fo		this application have originated In Mexico and that e, or have been corralled, pastured, or held with /eterinary Services.
Acknowledgement is hereby made scabies.	e that only certain dips (Listed in 9	CFR Parts 72, 73, and 74) are per	mitted for treatment against cattle fever ticks and
If I am advised that precautionary	dipping Is to be against scabies, the	nen	dip is hereby requested.
This application may become null Veterinary Services.	and void If the livestock are not su	bmitted for Inspection on the "Acce	epted date" approved by the Port Veterinarian of
Signature and Title (Imported or Author	rized Agent)		Date
ТО	BE FILLED OUT WHE	N ANIMALS ARE AT P	ORT OF ENTRY
			Iriven through fever-tick-infested areas prior to being offered xas, this part of the certification need not be completed.
Signature and Title (Imported or Author	rized Agent)		Date