

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES				CERTIFICATION OF INSPECTION OF EXPORT ANIMALS		1. EXPORT NO.	
STATES (FIPS Codes) – ENTER IN ITEMS 5 AND 14				25 - Massachusetts	33 – New Hampshire	41 – Oregon	49 – Utah
01 – Alabama	10 – Delaware	18 – Indiana	26 – Michigan	34 – New Jersey	42 – Pennsylvania	50 – Vermont	
02 – Alaska	11 – District of Columbia	19 – Iowa	27 – Minnesota	35 – New Mexico	43 – Puerto Rico	51 – Virginia	
04 – Arizona	12 – Florida	20 – Kansas	28 – Mississippi	36 – New York	44 – Rhode Island	52 – Virgin Island	
05 – Arkansas	13 – Georgia	21 – Kentucky	29 – Missouri	37 – North Carolina	45 – South Carolina	53 – Washington	
06 – California	15 – Hawaii	22 – Louisiana	30 – Montana	38 – North Dakota	46 – South Dakota	54 – West Virginia	
08 – Colorado	16 – Idaho	23 – Maine	31 – Nebraska	39 – Ohio	47 – Tennessee	55 – Wisconsin	
09 – Connecticut	17 – Illinois	24 – Maryland	32 – Nevada	40 – Oklahoma	48 – Texas	56 – Wyoming	
2. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)							
3. CONSIGNOR'S STREET ADDRESS (Mailing address)							
4. CONSIGNOR'S CITY/TOWN				5. STATE CODE		6. ZIP CODE	
7. CONSIGNEE'S NAME (Last name, first name, middle initial or business name – must be identical to name on accompanying U.S. Origin Health Certificate)							
8. CONSIGNEE'S STREET ADDRESS							
9. CONSIGNEE'S CITY/TOWN							
10. NAME OF COUNTRY (Print or type)						11. ENTER CODE	
SPECIES CODES (Enter codes in item 12A)						12. ANIMALS CERTIFIED FOR EXPORT	
01 Bovine 03 Ovine 05 Equine 09 Other 02 Porcine 04 Caprine 08 Other Wildlife - Mammals						SPECIES A	NO. OF ANIMALS B
13. PORT OF EMBARKATION (City)							
14. STATE OF EMBARKATION (Name)				15. STATE CODE			
16. Transportation Class		17. CARRIER AT PORT OF EMBARKATION (Name of Company or Vessel)		18. DATE OF EXPORT (Mo. Da. Yr.)			
1-Rail 2-Truck	3-Air 4-Ocean						
19. NAME OF PORT USDA, APHIS, VETERINARY MEDICAL OFFICER (Last name, first name, middle initial, please print)							
I certify that on the date below, I have inspected the listed animals prior to exportation; have found no clinical evidence of communicable diseases regulated by APHIS; the animals, as far as can be determined, are fit for travel, and otherwise meet all other applicable provisions of 9 CFR 91, as amended.							
20. SIGNATURE OF USDA, APHIS VETERINARY MEDICAL OFFICER AT PORT OF EMBARKATION (Not valid unless signed)						21. DATE ISSUED (Mo. Da. Yr.)	

PAPERWORK REDUCTION ACT DISCLOSURE

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 0579-0040. The time required to complete this information collection is estimated to average .25 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.