

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 0579-0101. The time required to complete this information collection is estimated to average 1 hour 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
0579-0101
XX/XX/XXXX

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

**APPLICATION FOR SCRAPIE CLASSIFICATION, CLASSIFICATION
RENEWAL, OR RECLASSIFICATION OF A STATE**

1. STATE (or area smaller than state, if applicable)

2. APPLICATION FOR (select one)

- CONSISTENT STATUS
 RENEWAL OF CONSISTENT STATUS
 REINSTATEMENT OF CONSISTENT STATUS

3. STATUS OF ACTION ITEMS IDENTIFIED ON THE LAST RENEWAL OR AS PART OF A CONSISTENT STATE REVIEW (Use an attachment sheet if necessary)

4. QUALIFICATION (select all that apply)

A. CHECK EITHER STATEMENT (1) OR (2) BELOW:

- (1) THE REQUIREMENTS OF 9 CFR 79.6 HAVE BEEN MET, OR
 (2) THE STATE EFFECTIVELY ENFORCES A STATE DESIGNED SCRAPIE PROGRAM THAT IS AT LEAST AS EFFECTIVE IN CONTROLLING SCRAPIE AS THE REQUIREMENTS OF 9 CFR 79.6. STATE PROGRAM STANDARDS, LEGAL AUTHORITIES, AND OTHER SUPPORTING DOCUMENTATION ARE ATTACHED (The supporting documentation must describe which requirement(s) of 9 CFR 79.6 are not being met and the alternate methods being used.)
- B. THE SCRAPIE NATIONAL GENERIC DATABASE IS UPDATED AS NEEDED AND ALL THE DATA ARE CURRENT, ACCURATE AND COMPLETE FOR THE REPORTING PERIOD.
C. THE RSSS REPORT FOR THE REPORTING PERIOD HAS BEEN REVIEWED AND IS ACCURATE AND CORRECT, OR DISCREPANCIES WERE IDENTIFIED AND ARE DETAILED IN AN ATTACHMENT.
D. THE ANNUAL EPIDEMIOLOGY AND ID COMPLIANCE REPORT HAS BEEN COMPLETED AND SUBMITTED TO THE VS REGIONAL OFFICE.

5. SHEEP AND GOAT CENSUS OF STATE

BOXES A-F SHOULD ONLY BE COMPLETED IF THE STATE COLLECTS DATA THAT OFFICIALS BELIEVE ARE MORE ACCURATE THAN NASS STATISTICS. IF THE STATE WANTS NASS STATISTICS TO BE USED AS THE SOURCE FOR THIS REPORT, WRITE "NASS" IN BOX G AND LEAVE BOXES 5A-F AND BOX H BLANK.

A. TOTAL NO. SHEEP FLOCKS	B. TOTAL NO. GOAT HERDS	C. NO OF BREEDING SHEEP	D. NO. OF BREEDING GOATS	E. TOTAL NO. OF SHEEP	F. TOTAL NO. OF GOATS
G. DETERMINED BY:				H. REPORT DATES	
				FROM	TO

6. IDENTIFICATION OF ANIMALS

A. PERCENT OF BREEDING ANIMALS REQUIRED TO BE IDENTIFIED BY 9 CFR 79.2 THAT WERE OFFICIALLY IDENTIFIED: _____
B. PERCENT OF SLAUGHTER ANIMALS OVER 18 MONTHS REQUIRED TO BE IDENTIFIED BY 9 CFR 79.2 THAT WERE OFFICIALLY IDENTIFIED: _____

C. METHOD OF DETERMINATION (if more space is needed, enter comments in Item 6E or use an attachment sheet)

D. OWNERS WERE NOTIFIED IN ACCORDANCE WITH 9 CFR PART 79.4(C)? YES NO (explain any exceptions. Continue in Item 6E or use an attachment sheet)

E. REMARKS (use an attachment sheet if necessary)

7. SURVEILLANCE ACTIVITIES

A. NUMBER OF ANIMALS FROM STATE COLLECTED THROUGH RSSS	B. NUMBER OF ANIMALS COLLECTED THROUGH ON-FARM SURVEILLANCE	C. SURVEILLANCE GOAL FOR FISCAL YEAR	D. PERCENT OF SURVEILLANCE GOAL ACHIEVED

CERTIFICATION

THE PROVISIONS OF 9 CFR PARTS 54 AND 79 HAVE BEEN MET. WE REQUEST THAT THIS STATE BE DECLARED CONSISTENT.

8. SIGNATURE OF STATE OFFICIAL	9. TYPED OR PRINTED NAME	10. DATE
11. SIGNATURE OF AREA VETERINARIAN IN CHARGE	12. TYPED OR PRINTED NAME	13. DATE

14. APPROVAL BY VS REGION

- RENEWAL IS APPROVED FORM IS BEING RETURNED FOR COMPLETION OR CORRECTION RENEWAL IS PROVISIONALLY APPROVED CONTINGENT ON THE CONDITIONS LISTED IN THE ATTACHMENT BEING MET BY THE FOLLOWING DATE:

15. SIGNATURE OF REGIONAL EPIDEMIOLOGIST	16. TYPED OR PRINTED NAME	17. DATE
--	---------------------------	----------

18. VETERINARY SERVICES HEREBY DECLARES THE ABOVE STATE CONSISTENT FOR THE PERIOD BEGINNING _____ AND ENDING _____

19. SIGNATURE OF CERTIFYING OFFICIAL	20. TYPED OR PRINTED NAME	21. DATE
--------------------------------------	---------------------------	----------