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 0579-0065, 0579-0101, 0579-0127, 0579-0146, 0579-0338, and 0579-0393. The time required to complete this information collection is estimated to average between 16 hours and 2 hours. These times include time for reviewing

OMB Approved 579-0065, 0101, 0127, 0146, 0338, and 0393

instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This permit identifies restricted animals moved for guarantine/slaughter purposes. The information is needed to identify disease infected/exposed animals See reverse side for additional information. that are moved to specific locations in order to control and prevent spread of the disease (9 CFR 71 through 85) UNITED STATES DEPARTMENT OF AGRICULTURE NO. ANIMAL AND PLANT HEALTH INSPECTION SERVICE **VETERINARY SERVICES** 5. STATE WHERE ISSUED PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS USE A SEPARATE FORM FOR EACH SPECIES 1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include ZIP Code) 6. MOVEMENT TO BE ☐ INTERSTATE ☐ INTRASTATE 7. MOVEMENT FOR ☐ QUARANTINE ☐ SLAUGHTER 8. DISEASE 9. STATUS OF ANIMALS 2. CONSIGNEE (Destination Name and Address, include ZIP Code) No. No. No. Other Reactor Exposed (Specify) 3. MOVED FROM (Name and Location of Premise if other than item 1 above) 10. STATUS OF HERD OF ORIGIN 11. STATUS OF AREA OF ORIGIN 4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED 12. NO. ANIMALS IN THIS SHIPMENT 13. SPECIES (One only) 14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO. 15. SEAL NO. 16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION YES l No VALID ONLY FOR ABOVE DESTINATION (If yes, items 32, 33, and 34 are applicable) 17. ANIMALS TO BE MOVED COMPLETE DISEASE OTHER IDENTIFICATION COMPLETE DISEASE OTHER IDENTIFICATION BREED SFX BREED SEX EAR TAG NO. **BRAND** (Complete No.) EAR TAG NO **BRAND** (Complete No.) I certify that I have inspected the animals described on this permit and find them eligible to move in accordance with the requirements of State and Federal regulations. 18. SIGNATURE OF INSPECTOR VOID AFTER 19 DATE ISSUED 20. TIME ISSUED 21. DATE 22. TIME WARNING TO OWNER, SHIPPER, AND TRUCKER - LIVESTOCK MUST BE DELIVERED TO CONSIGNEE WITHOUT DIVERSION. I understand that it is a violation of Federal law to move the animals identified herein interstate except in accordance with the provisions of applicable Federal regulations. I also understand that such animals must comply with existing State laws and regulations governing movement of livestock and poultry. I have arranged or will arrange for a copy of this permit to accompany the interstate shipment and be delivered with the above described animals. 23. SIGNATURE OF OWNER OF SHIPPER 25. DATE SIGNED 24. TITLE OWNER SHIPPER I certify that the animals described on this permit were received and slaughtered/quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 29. 26. PLACE ANIMALS RECEIVED 27. DATE ANIMALS ARRIVED 28. NO. ANIMALS RECEIVED 29. DATE SLAUGHTERED/QUARANTINED 30. DATE AND TIME 31. AUTHORIZED SIGNATURE 32. DATE CLEANED 33. SIGNATURE OF INSPECTOR 34. DATE SIGNED SEALS BROKEN AND DISINFECTED (if required)