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| AH-TB-200.docx (rev 08/2017) | OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Animal HealthLockbox 93178, Milwaukee, WI 53293-0178Phone: (608) 224-4872 Fax (608) 224-4871 | DateReceived |       |
| Amount Received |       |
| CheckNumber |       |

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| ACCREDITED TUBERCULOSIS-FREE HERD STATUS APPLICATION FOR BOVINE OR BISONIssued under the provisions of section ATCP 10.14, Wis. Admin. Code and the Tuberculosis Uniform Methods and Rules. |
| This application is used to apply for Accredited Tuberculosis-Free herd status for bovine or bison animals. For initial Accredited Tuberculosis-free herd status, the herd must test negative on at least two consecutive official tuberculosis tests conducted between 9 and 15 months apart. The anniversary date will be the observation date of the second annual herd test or if herd status is based on purchased animals, the anniversary date will be the same as the seller’s. For continuous Accredited-Free herd status, the herd must pass a negative tuberculosis test within 21-27 months of the anniversary date. Every application for Accredited-Free herd status shall include a nonrefundable fee of $100 for two year certification. Please include a copy of the whole herd Tuberculosis test results with this application. |

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| OWNER INFORMATION |
| NAME OF LEGAL ENTITY OR PERSON THAT OWNS HERD      | BUSINESS NAME (if different)      |
| FIRST NAME OF CONTACT PERSON      | LAST NAME OF CONTACT PERSON      | PHONE NUMBER: (   )     -      |
| MAILING ADDRESS STREET      | CITY      | STATE   | ZIP      |

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| HERD INFORMATION |
| ADDRESS (if different than above)      | CITY      | STATE   | ZIP      |
| COUNTY      | LIVESTOCK PREMISES CODE      |
| LIST ALL SPECIES LOCATED ON PREMISES      |

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| QUALIFYING METHOD |
| [ ]  Two Whole Herd tests for Initial Certification | Whole Herd Retest for Accredited Status [ ]  Current Accred. TB-Free Herd #       | [ ]  Purchased animals from an Accredited Tuberculosis-Free herd |
| If herd is a purchased herd, provide seller’s name and address: |
| NAME      | MAILING ADDRESS STREET      | CITY      | STATE   | ZIP      |

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| VETERINARY INFORMATION |
| HERD VETERINARIAN’S NAME      | HERD VETERINARY CLINIC’S NAME      |
| ADDRESS OF VETERINARY CLINIC      | CITY      | STATE   | ZIP      |
| VETERINARIAN PHONE NUMBER(   )     -      | VETERINARY CLINIC PHONE NUMBER (if different)(   )     -      |

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| FEE |
| [ ]  $100 Fee for two year certification |
| Please include with your application a check for $100 payable to: WDATCP – Division of Animal Health Mail to Lockbox 93178, MILWAUKEE, WI 53293-0178 |
| Applicant Certification and Signature I certify that the above information is true, correct and complete, including all required attachments. I hereby agree to comply with all applicable requirements under the Tuberculosis Uniform Methods and Rules. |
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| SIGNATURE OF APPLICANT | DATE OF APPLICATION |

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats.

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