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| AH-IM-104.docx (rev. 02/18) | | OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture,  Trade and Consumer Protection  Division of Animal Health  PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4872 Fax (608) 224-4871 | IMPORT PERMIT NUMBER: |
| DATE ISSUED: |
| DATE EXPIRES: Thirty days after issued |
| SIGNATURE: |
| SWINE ONLY IMPORT PERMIT APPLICATION | | |

INSTRUCTIONS: ss. ATCP 10.07 and 10.30, Wis. Admin. Code

1. Complete sections A – F. Items with an asterisk “ \* ” are required fields. **Under Section F, one box must be checked and this section must be signed or the import permit will not be issued**.
2. Accurate mailing and destination addresses are required. Inaccuracies may delay approval.
3. Fax to 608-224-4871 or email to DATCPAnimalImports@Wisconsin.gov. (Can also be mailed to the address above.)
4. See [https://datcp.wi.gov/Pages/Programs\_Services/SwineMovement.aspx](http://apwmad0p4145:48143/Pages/Programs_Services/SwineMovement.aspx) or page 2 of this form for additional requirements

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| Section A – Origin & Destination Information | | | | | | | | | | | | | | | | | | | |
| \*DESTINATION LEGAL NAME (OWNER/MANAGER) | | | | | | | | | | \*DBA/TRADE NAMES/OTHER NAMES USED (if applicable) | | | | | | | | | |
| \*LEGAL ENTITY TYPE If animals are owned by business, legal entity section must be completed (Check one): | | | | | | | | | | | | | | | | | | | |
| General Partnership | | Cooperative | | Corporation | | | Trust | LLC | | | | Other: | | | | | | | |
| \*DESTINATION ADDRESS STREET | | | | | | | | | | \*DESTINATION CITY | | | | | | | \*STATE | | \*ZIP |
| \*MAILING ADDRESS STREET (May write “Same as above” if applicable)) | | | | | | | | | | \*MAILING CITY | | | | | | | \*STATE | | \*ZIP |
| \*DESTINATION PHONE  (   )     - | | | | | | | | | | \*LIVESTOCK PREMISES CODE | | | | | | | | | |
| \*ORIGIN CONSIGNOR LEGAL NAME | | | | | | \*ORIGIN CONSIGNOR DBA/TRADE | | | | | | | | ORIGIN LIVESTOCK PREMISES CODE | | | | | |
| \*ORIGIN PHONE  (   )     - | \*ORIGIN ADDRESS | | | | | | | | | \*ORIGIN CITY | | | | | | | \*STATE | | \*ZIP |
| Section B – Shipment Information | | | | | | | | | | | | | | | | | | | |
| \*SHIPMENT DATE | | | | | | | | | | \*NUMBER OF SWINE IN SHIPMENT | | | | | | | | | |
| Section C – Certificate of Veterinary Inspection (CVI) or Health Certificate & Veterinarian Information | | | | | | | | | | | | | | | | | | | |
| \*CVI or HC NUMBER | | | \*DATE CVI ISSUED | | | | | | \*BUSINESS TELEPHONE | | | | | | \*BUSINESS FAX | | | | |
| \*REQUESTOR NAME (VETERINARIAN OR WI IMPORTER) | | | | | | | | | \*CLINIC NAME | | | | | | | | | | |
| \*CLINIC ADDRESS STREET | | | | | | | | | \*CLINIC CITY | | | | | | | \*STATE | | \*ZIP | |
| Section D – Herd of Origin Testing | | | | |  | | | | | | | |  | | | | | | |
| \*PRRS TEST DATE | | | | | TEST TYPE (PCR OR ELISA) | | | | | | | | TEST RESULTS | | | | | | |
| \*SECD (PEDv only) | | | | | TEST TYPE (PCR OR ELISA) | | | | | | | | TEST RESULTS | | | | | | |
| Section E – Signature & Date | | | | | | | | | | | | | | | | | | | |
| \*APPLICANT SIGNATURE (VETERINARIAN OR WI IMPORTER) | | | | | | | | | | | \*APPLICATION DATE | | | | | | | | |
| Section F – Notification to Importer of Quarantine upon Arrival (\*Check one) | | | | | | | | | | | | | | | | | | | |
| I am the importer and understand that all swine imported *will be* quarantined upon arrival at my Wisconsin farm premises and all the swine currently on my farm premises *may be* quarantined until a herd plan is developed (unless an approved herd plan is currently in place) by a veterinarian and approved by DATCP.  I am an accredited veterinarian and have notified the importer that all swine imported *will be* quarantined upon arrival at their Wisconsin farm premises and all the swine currently on their farm premises *may be* quarantined until a herd plan is developed (unless an approved herd plan is currently in place) by a veterinarian and approved by DATCP. | | | | | | | | | | | | | | | | | | | |
| \* VETERINARIAN OR WISCONSIN IMPORTER SIGNATURE | | | | | | | | | | | \*APPLICATION DATE | | | | | | | | |

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

An Equal Opportunity Employer

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| SWINE ONLY IMPORT PERMIT APPLICATION |

INSTRUCTIONS CONT.

1. Submit completed application form and certificate of veterinary inspection (CVI), also known as a health certificate. Make sure the CVI includes the following:
   1. Official individual ID per Wisconsin regulations (animalmovement.datcp.wi.gov)
   2. For PRRS-State one of the following, as appropriate, relating to testing within 90 days of import:
      1. No herd test from herd of origin.
      2. Herd test from the herd of origin was negative (include date and type of test).
      3. Herd test from the herd of origin was positive (include date and type of test).
      4. Herd test from the herd of origin was negative but swine at commingled event were either not tested or tested positive.
   3. For SECD (PEDv only)-State one of the following, as appropriate, relating to testing within 90 days of import:
      1. No herd test from herd of origin.
      2. Herd test from the herd of origin was negative (include date and type of test).
      3. Herd test from the herd of origin was positive (include date and type of test).
      4. Herd test from the herd of origin was negative but swine at commingled event were either not tested or tested positive.
   4. A statement from the veterinarian that there are no clinical signs of PRRS and SECD at the time of inspection.
2. Processing hours are Monday-Friday 8AM-4PM Central Time. Call 608-224-4874 with questions.
3. **After the permit is issued, the permit number must be included on the CVI (and all copies of the CVI)**.

**DEFINITIONS**

1. SECD means Swine Enteric Coronavirus Disease.
2. PRRS means Porcine Reproductive and Respiratory Syndrome.
3. PEDv means Porcine Epidemic Diarrhea virus.