



**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

OFFICE USE ONLY
IMPORT PERMIT NUMBER:
DATE ISSUED:
DATE EXPIRES: Thirty days after issued.
SIGNATURE:

## SWINE ONLY IMPORT PERMIT APPLICATION

(Wis. Admin. Code ATCP 10.07)

### INSTRUCTIONS:

1. Complete sections A – E. Items with asterisk “ \* ” are required fields.
2. Make sure certificate(s) of veterinary inspection (AKA health certificate) contains the following:
  - Official individual ID per Wisconsin regulations (animalmovement.datcp.wi.gov)
  - PRRS status of herd of origin, if known
  - Statement: “No pseudorabies vaccine used on swine in shipment”
3. Submit completed application form AND completed CVIs/health certificates by fax to 608-224-4871 or by email to [DATCPAnimalImports@Wisconsin.gov](mailto:DATCPAnimalImports@Wisconsin.gov). (Can also be mailed to address above.)
4. Processing hours are Monday-Friday 8AM-4PM Central Time. Call 608-224-4874 with questions.

### Section A – Certificate of Veterinary Inspection (CVI) & Veterinarian Information

*CVI or HC NUMBER		*DATE CVI ISSUED
*APPLICANT NAME† (VETERINARIAN OR WI IMPORTER)		*CLINIC NAME
*BUSINESS TELEPHONE	*BUSINESS FAX	*CLINIC BUSINESS ADDRESS / CITY / STATE / ZIP

### Section B – Origin & Destination Information

*CONSIGNOR NAME (ORIGIN)	*CONSIGNEE/IMPORTER NAME (DESTINATION)
TRADE NAME (DOING BUSINESS AS)	TRADE NAME (DOING BUSINESS AS)
*TELEPHONE NUMBER	*TELEPHONE NUMBER
*ORIGIN ADDRESS	*PHYSICAL DESTINATION ADDRESS
*CITY / STATE / ZIP	*CITY / STATE / ZIP
LIVESTOCK PREMISES CODE	*LIVESTOCK PREMISES CODE

### Section C – Shipment Information

*SHIPMENT DATE	*NUMBER OF SWINE IN SHIPMENT
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### Section D – Herd of Origin Status

*PRRS STATUS
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### Section E – Signature & Date

*APPLICANT SIGNATURE †	*APPLICATION DATE
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† “Applicant” may be veterinarian or Wisconsin consignee/importer.