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| AH-IM-100.docx (rev. 07/15) | | 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: |
| GENERAL IMPORT PERMIT APPLICATION  s.ATCP 10.07 Wis. Admin. Code | | |

INSTRUCTIONS:

1. Complete sections A – E. Items with asterisk “ \* ” are required fields.
2. Submit completed application form and certificate of veterinary inspection (CVI), also known as a health certificate.
3. Fax to 608-224-4871, email to [DATCPAnimalImports@Wisconsin.gov](mailto:DATCPAnimalImports@Wisconsin.gov) or mail to the address above.
4. Processing hours are Monday-Friday 8AM-4PM Central Time. Call 608-224-4874 with questions.

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| Section A – Origin & Destination Information | | | | | | | | | | | |
| \*DESTINATION LEGAL NAME (OWNER/MANAGER) | | | | | | | \*DBA/TRADE NAMES/OTHER NAMES USED | | | | |
| \*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 |
| \*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 |

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| Section B – Shipment Information | | | | |
| HAULER NAME | | HAULER PHONE  (   )     - | | |
| HAULER ADDRESS STREET | CITY | | STATE | ZIP |
| \*SHIPMENT DATE | \*NUMBER OF ANIMALS IN SHIPMENT | | | |
| \*SPECIES OR ANIMAL TYPE(S) | | | | |

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| Section C – Certificate of Veterinary Inspection (CVI) or Health Certificate & Veterinarian Information | | | | | |
| \*CVI | \*DATE CVI ISSUED | \*BUSINESS TELEPHONE | \*BUSINESS FAX | | |
| \*REQUESTOR NAME (VETERINARIAN OR WI IMPORTER) | | \*CLINIC NAME | | | |
| \*CLINIC ADDRESS STREET | | \*CLINIC CITY | | \*STATE | \*ZIP |

|  |  |
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| Section D – Negative Test Results (if required) | |
| BRUCELLOSIS DATE BLED & TEST RESULTS | TB INJECTION DATE & TEST RESULTS |
| PEDv AND PRRS STATUS (SWINE ONLY) | TB WHOLE HERD TEST & TEST RESULTS |

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| Section E – Signature & Date | |
| \*APPLICANT SIGNATURE (VETERINARIAN OR WI IMPORTER) | \*APPLICATION DATE |

† The Livestock Premises Code is required if the animals are classified as livestock and will be at a venue where livestock are kept (farms, fairgrounds, exhibition facilities, etc.).

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.

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