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| DAH-BADC-046 (rev 08/2025) | | | | | | |
|  | | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Division of Animal Health*   |  | | --- | | OFFICE USE ONLY | | IMPORT PERMIT NUMBER: | | DATE ISSUED: | | DATE EXPIRES: Thirty days after issued. | | SIGNATURE: | | NOTES: |   Bureau of Animal Disease Control  PO Box 8911, Madison WI 53708-8911  Phone: (608) 224-4872  Fax: (608) 224-4871 | | | | |
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| **General Blanket Import Permit Application** | | | | | | |
| *Completing this form is mandatory for importing animals under Wis. Admin. Code § ATCP 10.07(2m). Personally identifiable information collected on this form may be used for purposes other than which it was originally collected. See Wis. Stat. § 15.04(1)(m). Importing animals without this permit when required by § ATCP 10.07(2m) is subject to civil forfeiture, fine, and/or imprisonment.*  *Wis. Stat. § 5.99* | | | | | | |
| **INSTRUCTIONS** | | | | | | |
| 1. Complete the form before the sale or anticipated import. 2. Complete sections A – E. Items with two asterisks “ \*\* ” are required fields and must be filled out by applicants who are veterinarians or Wisconsin importers. Items with one asterisk “ \* ” are required fields to be filled out by applicants who are veterinarians. 3. Submit the completed application form by email to [DATCPAnimalImports@wisconsin.gov,](mailto:DATCPAnimalImports@wisconsin.gov,) fax to (608) 224-4871, or send via U.S. Mail to the address above. 4. See page 2 of this form for additional information. | | | | | | |
| **SECTION A – APPLICANT INFORMATION (VETERINARIAN OR WISCONSIN (WI) IMPORTER)** | | | | | | |
| \*\*APPLICANT NAME (VETERINARIAN OR WI IMPORTER): | | | | | | \*\*IF APPLICABLE, BUSINESS NAME: |
| \*\*BUSINESS TELEPHONE:  (     )     - | | | APPLICANT EMAIL OR FAX: | | \*\* VETERINARIAN OR ANIMAL DESTINATION ADDRESS / CITY / STATE / ZIP: |
| **SECTION B – ORIGIN INFORMATION** | | | | | |
| \*SELLER NAME (OWNER OR MARKET LOCATION): | | | | | \*IF APPLICABLE, TRADE NAME (DOING BUSINESS AS): |
| \*ORIGIN ADDRESS: | | | | | \*TELEPHONE NUMBER:  (     )     - |
| \*CITY: | | \*\*STATE: | | \*ZIP: | LIVESTOCK PREMISES CODE: |
| **SECTION C – SHIPMENT INFORMATION** | | | | | |
| \*\*DATE(S) OF SALE/POTENTIAL PURCHASE: | | | | | NUMBER OF ANIMALS IN SHIPMENT (IF KNOWN): |
| ANIMAL SPECIES: | | | | | |
| **SECTION D – SIGNATURE & DATE** | | | | | |
| To obtain a blanket import permit, I agree that a valid certificate of veterinary inspection will accompany all animals imported into Wisconsin under this permit. The issuing veterinarian will do the following for all certificates of veterinary inspection (CVIs) for animals being sent to Wisconsin under this permit:   * Include this permit number and, if applicable, any required statements or test results on the CVI. * Include the livestock premises code for Wisconsin buyers, if available, for livestock animals shipped to Wisconsin. * **On the first business day after the sale or Wisconsin import**, provide all CVIs for Wisconsin-bound animals by email ([DATCPAnimalImports@Wisconsin.gov](mailto:DATCPAnimalImports@Wisconsin.gov)) or fax (608) 224-4871. If no animals from the sale or under this permit will be entering Wisconsin, I will report that information to the WI import coordinator by email ([DATCPAnimalImports@wisconsin.gov](mailto:DATCPAnimalImports@wisconsin.gov)) or by phone (608) 224-4872. | | | | | |
| \*APPLICANT SIGNATURE: | | | | | \*APPLICATION DATE: |

*“An Equal Opportunity Employer”*

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| **BLANKET IMPORT PERMIT APPLICATION ELIGIBILITY** |
| A blanket import permit can only be issued in the following situations when a general or regular import permit cannot be obtained:   1. A veterinarian at an out-of-state sale held on dates the DAH is not open for business anticipates possible Wisconsin purchases and imports. 2. A Wisconsin importer plans a possible importation of an out-of-state animal (that requires an import permit) at a time the DAH is not open for business. |
| **DATCP OFFICE HOURS** |
| Processing hours are Monday – Friday 8 a.m. – 4 p.m. Central Time.  Email [DATCPAnimalImports@wisconsin.gov](mailto:DATCPAnimalImports@wisconsin.gov) or call (608) 224-4874 with questions. |
| **HOW TO FILL OUT THE APPLICATION FORM** |
| For applicants who are veterinarians, the following information must be provided on this form:   * The date of sale * The veterinarian’s name; trade name, if applicable; address, including city, state and zip; and telephone number. * The seller’s name; trade name, if applicable; address, including city, state and zip; telephone number; and livestock premises code, if known.   For applicants who are Wisconsin importers, the following information must be provided on this form:   * The approximate date of possible purchase or import. * The importer’s name; trade name, if applicable; address, including city, state and zip; and telephone number. * The state from which a purchase may be made. * If known, the seller’s name; trade name, if applicable; address, including city state and zip; telephone number; and livestock premises code.   In this application, “seller” means the owner of the animals being sold or the market location at which the animals are being sold, whichever is applicable. |