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| DAH-BADC-034 (rev. 12/2024) | OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Animal HealthPO Box 8911, Madison, WI 53708-8911Phone: (608) 224-4872 Fax (608) 224-4871 | IMPORT PERMIT NUMBER: |
| DATE ISSUED: |
| DATE EXPIRES: Thirty days after issued |
| SIGNATURE: |
|  |  | Notes: |
| SWINE ONLY IMPORT PERMIT APPLICATION |

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

Completing this form is mandatory for importing animals under ss. ATCP 10.30 (2) (d) 2. Importing under these circumstances without this permit is subject to civil forfeitures and/or imprisonment.

1. Complete sections A – G. Items with an asterisk “ \* ” are required fields. **Section F and Section G must BOTH be signed.** **Under Section G, 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. Review <https://datcp.wi.gov/Pages/Programs_Services/SwineMovement.aspx> or the second page of this form for additional requirements.
5. Processing hours are Monday-Friday 8:00 a.m.-4:00 p.m. Central Time. Call (608) 224-4874 with questions. Please allow time for the approval process.

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| Section A – 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 LEGAL ADDRESS STREET       | \*DESTINATION CITY      | \*STATE   | \*ZIP      |
| \*DESTINATION PHONE(   )     -      | \*LIVESTOCK PREMISES CODE       |
| Section B – Origin Information

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| Section C – Shipment Information  |
| \*SHIPMENT DATE      | \*NUMBER OF ANIMALS IN SHIPMENT      |
| \*SPECIES OR ANIMAL TYPE(S)      |

Information |
| \*ORIGIN LEGAL NAME (OWNER/MANAGER)      | \*DBA/TRADE NAMES/OTHER NAMES USED      |
| \*STATE OF ORIGIN       |
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| Section C – Shipment Information  |

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| \*SHIPMENT DATE      | \*NUMBER OF SWINE IN SHIPMENT      |
| **Section D – Certificate of Veterinary Inspection (CVI) or Health Certificate** |
| \*CVI or HC NUMBER      | \*CVI INSPECTION DATE      |
| \*ISSUING VETERINARIAN      | CLINIC OR VETERINARIAN EMAIL      |
| Section E – Herd of Origin PRRS/PEDv Testing |
| PRRS TESTING TYPE OF TEST (PCR or ELISA) SAMPLING DATE |
| 🞎 Negative PRRS herd of origin test 🞎 PCR 🞎 ELISA |
| 🞎 Positive PRRS herd of origin test 🞎 PCR 🞎 ELISA |
| 🞎 No PRRS herd of origin test  |
| PEDv TESTING TYPE OF TEST (PCR or ELISA) SAMPLING DATE |
| 🞎 Negative PEDv herd of origin test 🞎 PCR 🞎 ELISA |
| 🞎 Positive PEDv herd of origin test 🞎 PCR 🞎 ELISA |
| 🞎 No PEDv herd of origin test |
| Section F – Signature & Date |
| \*APPLICANT SIGNATURE (VETERINARIAN OR WI IMPORTER)      | \*APPLICATION DATE      |
| Section G – 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 8:00 a.m-4:00 p.m. 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.