

MINISTRY OF AGRICULTURE AND FISHERIES  
VETERINARY SERVICES DIVISION



**APPLICATION FOR IMPORT PERMIT**

<input type="checkbox"/> Animal Product/By/ Product	<input type="checkbox"/> Vaccines/Biologicals	<input type="checkbox"/> Semen/Embryos	<input type="checkbox"/> Others
<input type="checkbox"/> Live Animals	<input type="checkbox"/> Hatching Eggs/Eggs	<input type="checkbox"/> Veterinary Drugs	

Name of Importer:		Country of Origin:
TRN#	TCC#	Name of Exporter:
Address of Importer:		Address of Exporter:
Telephone#:	State/Province:	
Fax#:	Estimated Arrival Date:	
Port of entry:	Applicant's Name:	
Application Date/Time:	Applicant's Signature:	

Description of Import (*including, animal origin, identification #, species, breed, gender, age, etc*),  
Quantity and Purpose (*Commercial, Private, Research, Government*):

(Please attach additional information, if necessary)

**FOR OFFICIAL USE ONLY**

APPLICATION REVIEWED BY: \_\_\_\_\_ APPROVED:  Permit No.: \_\_\_\_\_

COMMENTS: \_\_\_\_\_ REFUSED:

SIGNATURE OF DIRECTOR/ VETERINARY OFFICER: \_\_\_\_\_