

**2024-2025 Application to Import Poultry and/or Hatching Eggs into Minnesota
Annual Permit (Expires August 31, 2025)**

SECTION I. APPLICANT INFORMATION

Business Name: _____ Contact: _____

Farm Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Please indicate how you'd like your permit sent to you: Mailed Emailed

I request permission to ship the following types of poultry into the state of Minnesota (check all that apply):

Chickens

Commercial egg-type:	Hatching Eggs	Chicks	Chickens
Commercial meat-type:	Hatching Eggs	Chicks	Chickens
Backyard and/or exhibition:	Hatching Eggs	Chicks	Chickens

Turkeys

Commercial:	Hatching Eggs	Poults	Turkeys
Backyard and/or exhibition:	Hatching Eggs	Poults	Turkeys

Other

Waterfowl and/or Upland Game Birds:	Hatching Eggs	Baby Poultry	Adult Poultry
Backyard and/or exhibition:	Hatching Eggs	Baby Poultry	Adult Poultry

I have read and agree to abide by the import requirements for poultry and hatching eggs set forth by the Minnesota Board of Animal Health. I am a participant in the National Poultry Improvement Plan or equivalent poultry disease program.

Applicant Signature: _____ Date: _____ NPIP #: _____

***** SUBMIT TO YOUR OFFICIAL STATE AGENCY THAT ADMINISTERS THE NPIP PROGRAM TO COMPLETE SECTION II *****

SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL

NPIP NUMBER: _____

The applicant listed above is an NPIP or equivalent poultry disease program participant and has obtained classification in the following disease programs:

- | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|
| U.S. Pullorum-Typhoid Clean | U.S. Mycoplasma Gallisepticum Clean | U.S. Avian Influenza Clean |
| U.S. Salmonella Enteritidis Clean | U.S. Mycoplasma Synoviae Clean | U.S. H5/H7 Avian Influenza Clean |
| U.S. Salmonella Monitored | U.S. Mycoplasma Meleagridis Clean | U.S. H5/H7 Avian Influenza Monitored |
| U.S. Sanitation Monitored | | |

State Official's Signature: _____ Date: _____

Title: _____

Please forward to the Minnesota Poultry Testing Laboratory at poultry@state.mn.us.

OFFICE USE ONLY	
PREM ID	
Approved	
BAH Initials	
Permit Number	