

2016-2017 Application to Import Poultry and/or Hatching Eggs into Minnesota
Annual Permit (Expires August 31, 2017)

SECTION I. APPLICANT INFORMATION

Business Name _____ Contact Name _____
Mailing Address, City, State, Zip _____
Hatchery/Farm Address, City, State, Zip _____
Phone _____ Fax _____ E-mail _____

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

Chickens	Hatching Eggs	Chicks	Chickens
Commercial egg-type			
Commercial meat-type			
Backyard, hobby, exhibition			
Turkeys	Hatching Eggs	Poults	Turkeys
Commercial			
Backyard, wild, exhibition			
Other	Hatching Eggs	Baby Poultry	Adult Poultry
Waterfowl and/or Upland Game Birds			
Ostrich, Emu, Rhea, or Cassowary			

If importing hatching eggs or poultry that will be shipped from a location other than what is listed above, note below or on back as needed.

Source Name	Source Address	Source Phone

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 # _____
The applicant/sources listed above is/are an NPIP or equivalent poultry disease program participant and has obtained classification in the following diseases programs:		
<input type="checkbox"/> U.S. Pullorum-Typhoid Clean <input type="checkbox"/> U.S. Salmonella Enteritidis Clean <input type="checkbox"/> U.S. Salmonella Monitored <input type="checkbox"/> U.S. Sanitation Monitored	<input type="checkbox"/> U.S. Mycoplasma Gallisepticum Clean <input type="checkbox"/> U.S. Mycoplasma Synoviae Clean <input type="checkbox"/> U.S. Mycoplasma Meleagridis Clean	<input type="checkbox"/> U.S. Avian Influenza Clean <input type="checkbox"/> U.S. H5/H7 Avian Influenza Clean <input type="checkbox"/> U.S. H5/H7 Avian Influenza Monitored
State Official's Signature _____	Date _____	
Title _____		
Agency _____		
Please forward to the Minnesota Poultry Testing Laboratory; address above		

OFFICE USE ONLY	
PREM ID	
Approved	
MPTL Initials	

In accordance with the Americans with Disabilities Act, this information is available in alternative formats of communication upon request by calling 651-296-2942. TTY users can call the Minnesota Relay Service at 711 or 1-800-627-3529. The Board of Animal Health is an equal opportunity employer and provider.