

BAH Initials

Permit Number



P.O. Box 126 622 Business Hwy 71 NE Willmar, Minnesota 56201

2023-2024 Application to Import Poultry and/or Hatching Eggs into Minnesota Annual Permit (Expires August 31, 2024)

Business Name: Contact: Farm Address: Mailing Address: Fax: Email:	SECTION I. APPLICANT INFORMATION	DN					
Mailing Address:	Business Name:			Contact:			
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 Chicks Chickens Backyard and/or exhibition: Hatching Eggs Chicks Chicks Chickens Turkeys Commercial: Hatching Eggs Chicks Chicks Chickens Turkeys Commercial: Hatching Eggs Poults Turkeys Commercial: Hatching Eggs Poults Turkeys Commercial: Hatching Eggs Poults Turkeys Chickens Turkeys Commercial: Hatching Eggs Poults Turkeys Chickens Turkeys Chicks Chickens Turkeys Commercial: Hatching Eggs Poults Turkeys Chicks Chickens Turkeys Daults Turkeys Adult Poultry Adult Poultry Backyard and/or exhibition: Hatching Eggs Baby Poultry Adult Poultry Adult Poultry Adult Poultry Hatching Eggs Baby Poultry Adult Poultry Adult Poultry Backyard and/or exhibition: Hatching Eggs Baby Poultry Adult Poultry Adult Poultry Backyard and/or exhibition: 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 The applicant listed above is an NPIP or equivalent poultry disease program participant and has obtained classification in the following disease programs: U.S. Mycoplasma Gallisepticum Clean U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. HS/H7 Avian Influenza Clean U.S. HS/H7 Avian Influenza Monitored U.S. Salmonella Monitored U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. HS/H7 Avian Influenza Monitored U.S. Salmonella Monitored U.S. Salmonella Monitored U.S. Mycoplasma Synoviae Clean U.S. HS/H7 Avian Influenza Monitored U.S. HS/H7 Avian Influenza Monitored U.S. HS/H7 Avian Influenza Monitored	Farm Address:						
I request permission to ship the following types of poultry into the state of Minnesota (check all that apply): Chickens Commercial egg-type:	Mailing Address:						
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 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: U.S. Pullorum-Typhoid Clean U.S. Salmonella Entertidis Clean U.S. Salmonella Entertidis Clean U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. Salmonella Monitored U.S. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Monitored U.S. H5/H7 Avian Influenza Clean U	Phone: Fax:		Email:				
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 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 ROGRAM TO COMPLETE SECTION II *** SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL NPIP PROGRAM TO COMPLETE SECTION II *** SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL NPIP PROGRAM TO COMPLETE SECTION II *** SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL NPIP ROGRAM TO COMPLETE SECTION II *** SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL NPIP NUMBER: U.S. Pullorum-Typhoid Clean U.S. Mycoplasma Gallisepticum Clean U.S. Avian Influenza Clean U.S. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Monitored State Official's Signature: Date: Date: OFFICE USE ONLY PREM ID PREM ID PREM ID	Please indicate how you'd like your permit sent to you:		Mailed	Emailed			
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 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. Almonella Monitored U.S. Mycoplasma Synoviae Clean U.S. Salmonella Enteritidis Clean U.S. Mycoplasma Meleagridis Clean U.S. H5/H7 Avian Influenza Monitored State Official's Signature: Date: Title: OFFICE USE ONLY PREM ID	I request permission to ship the following types of poultry into the state of Minnesota (check all that apply):						
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 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 Entertitidis Clean U.S. Mycoplasma Synoviae Clean U.S. H5/H7 Avian Influenza Clean U.S. Sanitation Monitored State Official's Signature: Date: Title: OFFICE USE ONLY PREMID	Chickens						
Backyard and/or exhibition: Hatching Eggs Chicks Chickes 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. Salmonella Enteritidis Clean U.S. Salmonella Enteritidis Clean U.S. Mycoplasma Gallisepticum Clean U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Monitored U.S. Salmonella Monitored State Official's Signature: Date: Date:	Commercial egg-type:	Hatching Egg	S	Chicks		Chickens	
Turkeys Commercial:	Commercial meat-type:	Hatching Egg	S	Chicks		Chickens	
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 #:	Backyard and/or exhibition:	Hatching Egg	S	Chicks		Chickens	
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 #:	Turkeys						
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:	Commercial:	Hatching Egg	S	Poults		Turkeys	
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. HS/H7 Avian Influenza Clean U.S. Salmonella Enteritidis Clean U.S. Mycoplasma Meleagridis Clean U.S. HS/H7 Avian Influenza Clean U.S. Sanitation Monitored U.S. Sanitation Monitored State Official's Signature: Date: Please forward to the Minnesota Poultry Testing Laboratory at poultry@state.mn.us.	Backyard and/or exhibition:	Hatching Egg	S	Poults		Turkeys	
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:	Other						
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:	Waterfowl and/or Upland Game Birds:	Hatching Egg	S	Baby Poultr	У	Adult Poultry	
of Animal Health. I am a participant in the National Poultry Improvement Plan or equivalent poultry disease program. Applicant Signature:	Backyard and/or exhibition:	Hatching Egg	S	Baby Poultr	У	Adult Poultry	
*** SUBMIT TO YOUR OFFICIAL STATE AGENCY THAT ADMINISTERS THE NPIP PROGRAM TO COMPLETE SECTION II *** SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL 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. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Monitored U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. H5/H7 Avian Influenza Monitored State Official's Signature: Title: Please forward to the Minnesota Poultry Testing Laboratory at poultry@state.mn.us.							
SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL 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. Avian Influenza 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. H5/H7 Avian Influenza Monitored State Official's Signature: Date: Title: Please forward to the Minnesota Poultry Testing Laboratory at poultry@state.mn.us.	Applicant Signature:		Date:		NPIP #:		
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. H5/H7 Avian Influenza Clean U.S. Salmonella Monitored U.S. Mycoplasma Meleagridis Clean U.S. H5/H7 Avian Influenza Monitored	*** SUBMIT TO YOUR OFFICIAL STATE AGENCY THAT ADMINISTERS THE NPIP PROGRAM TO COMPLETE SECTION II ***						
the following disease programs: U.S. Pullorum-Typhoid Clean U.S. Mycoplasma Gallisepticum Clean U.S. Salmonella Enteritidis Clean U.S. Mycoplasma Synoviae Clean U.S. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Monitored 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. DATE: PREMID	SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL NPIP NUMBER:						
U.S. Salmonella Enteritidis Clean U.S. Mycoplasma Synoviae Clean U.S. H5/H7 Avian Influenza Clean U.S. H5/H7 Avian Influenza Monitored U.S. H5/H7 Avian Influenza Monitored U.S. H5/H7 Avian Influenza Monitored State Official's Signature: Title: Please forward to the Minnesota Poultry Testing Laboratory at poultry@state.mn.us.	· · · · · · · · · · · · · · · · · · ·						
Title:	U.S. Salmonella Enteritidis Clean U.S. Salmonella Monitored	U.S. Mycoplasma Syr	U.S. Mycoplasma Synoviae Clean U.S. H5/H7 Avian Influenza Clean				
Please forward to the Minnesota Poultry Testing Laboratory at poultry@state.mn.us . PREM ID	State Official's Signature:				Date:		
Please forward to the Minnesota Poultry Testing Laboratory at poultry@state.mn.us . PREM ID	Title:			F			
						CE USE ONLY	
	Please Jorwara to the Minnesota Poultr	y iesting Laboratory at <u>p</u>	ouitry@state.mr				