PLEASE TYPE OR PRINT CLEARLY.

No controlled material, organisms, or vectors may be imported or moved interstate unless the data requested on this form is furnished and certified (9 CFR Parts 94, 95, and 122).

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers of this collection of information are 0579-0015, 0579-0094, 0579-0183, 0579-0213, 0579-0245, 0579-0301, and 0579-XXXX. The estimated time to complete this information collection is estimated to average .5 hours per response, including the time for reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0015, 0579-0094, 0579-0183, 0579-0213, 0579-0245, 0579-0301, and 0579-XXXX

(0 01 11 and 04, 00, and 122).	needed, and completing and reviewing the collection	of information.			and 0579-XXX
	TATES DEPARTMENT OF AGRICULTURE D PLANT HEALTH INSPECTION SERVICE	1. MODE OF TRANS	PORTATION (<i>Please</i> '	"X"):	
	VETERINARY SERVICES	□ AIR	SEA	LAND	ANY
National C	enter for Import-Export, Products Program 4700 River Road, Unit 40	L AIR	□ SEA	LAND	L ANT
Riverdale, MD 20737-1231 APPLICATION FOR PERMIT TO:		2. UNITED STATES I	PORTS OF ENTRY		
IMPORT OR TRANSPORT CONTROLLED MATERIAL OR					
C	ORGANISMS OR VECTORS nization, complete address, telephone and fax numbers	4. 011100000 (A)	1011	(11:)	
3. IMPORTER: (Name, orgain or individual who will receive	4. SHIPPER(s): (Nam	ne and Address of prod	lucer/shipper)		
	AL TO BE IMPORTED (Provide the following information,				
the animal for which raw animal product was sourced, processing country, recombinant system and genetic inserts, antibody immunogenic, stabilizers, nutritive factors of animal origin in media.) (COMPLETE VS FORM 16-7 for cell culture and their products.)					
6. QUANTITY, FREQUENCY	OR IMPORTATION, AND EXPECTED COMPLETION D	ATE (Estimate)			
7. PROPOSED USE OF MATERIAL AND DERIVATIVES (Also, for animal pathogens or vectors, describe facilities/biosafety procedures)					
8. IF FOR USE IN ANIMALS, SPECIFY THE ANIMAL SPECIES					
9. TREATMENT OF MATERIAL PRIOR TO IMPORTATION INTO THE UNITED STATES (Processing/purification methods, including time at specific temperatures, pH, other treatments, disease safeguards, etc.)					
10. METHOD OF FINAL DISPOSITION OF IMPORTED MATERIAL AND DERIVATIVES					
I CERTIFY AS AUTHORIZED	BY THE COMPANY/INSTITUTION THAT I REPRESEN	T, THAT THIS MATERIA	AL WILL BE USED IN A	ACCORDANCE WITI	H ALL
RESTRICTIONS AND PREC	AUTION AS MAY BE SPECIFIED IN THE PERMIT.				
11. SIGNATURE OF APPLIC	12. TYPED NAME AN	ND TITLE			
13. DATE	14. APHIS USER FEE CREDIT ACCOUNT NO. OR ME	THOD OF USER FEE F	PAYMENT (for VISA or	MasterCard include	number and
	expiration date).				