

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
WASHINGTON, D.C. 20250

**UNITED STATES APPLICATION/PERMIT TO IMPORT BIRDS**

**INSTRUCTIONS TO IMPORTER:** Complete items 1 through 13 in Section A. Illegibility, typographical errors or lack of information may delay the validation of permits. Mailing instructions are on the reverse of the last page. The application for an import permit becomes a valid permit when Section B is completed. See responsibilities below.

<input type="checkbox"/>		<b>This document not valid unless Section B completed by an employee of Veterinary</b>	
<b>SECTION B - USDA OFFICIAL USE ONLY</b>			
14. DATES VALIDATED		15. PERMIT NO	
FROM	TO		
16. VALID ONLY AT THIS U.S. PORT OF ENTRY			
QUARANTINE AT PORT OF ENTRY REQUIRED			
17. MINIMUM NO. DAYS			
18. NAME AND ADDRESS OF PORT VETERINARIAN			
19. VALIDATING SEAL, OFFICIALS SIGNATURE AND REMARKS			
20. NAME AND TITLE OF VALIDATING OFFICIAL			
21. <b>THIS PERMIT VOID AFTER</b> <input type="checkbox"/>			

**SECTION A - TO BE COMPLETED BY APPLICANT (Please type)**

1. NAME AND ADDRESS OF QUARANTINE FACILITY *(Street, City, State and Zip Code)*

3. NAME AND MAILING ADDRESS OF PERSON IN U.S. TO WHOM PERMITS ARE TO BE MAILED

TELEPHONE NO. *(Include Area Code)*

5. PURPOSE OF IMPORTATION

6. PORT OF EMBARKATION AND COUNTRY

7. PROPOSED SHIPPING DATE

8. ROUTE OF TRAVEL INCLUDING ALL CARRIER STOPS ENROUTE *(Detailed flight data may be requested)*

**NO OTHER STOPS PERMITTED**

2. COUNTRY OF ORIGIN

**Note: Name and address of shipper (Exporter) is to be verified (on reverse side of this page) at the time of arrival of birds.**

4. BIRDS

A. NO.	B. COMMON OR SCIENTIFIC NAME <i>(Genus and Species) (Be specific)</i>

**Total birds authorized for Importation**  
*(Limited to Facility Capacity)*

CERTIFICATION OF OPERATOR OF QUARANTINE FACILITY *(If operator same as Importer sign item 11 only)*. As the operator of the facility *(in item 1)* I agree to handle the shipment for the Importer *(in item 11)* and further agree to comply with the conditions for Importations listed on the reverse of the Original copy of this form.

9. SIGNATURE OF OPERATOR OF FACILITY *(In item 1)*

10. DATE SIGNED

I have read the conditions for importation listed on the reverse and do agree to comply with these conditions and understand that non compliance jeopardizes the issuance of future permits.

11. SIGNATURE OF IMPORTER

13. DATE SIGNED

12. NAME AND ADDRESS OF IMPORTER *(If different from item 1)*

**NOTE: Conditions for Importation and Health Certification on reverse. Health Certification must be executed, failure to do so could necessitate rejection at the Port of Entry.**

**THE U.S. IMPORTER** must forward the "Original" and "Carrier's Copy" to the shipper in the country of origin; and must make arrangements at the U.S. Port of Entry for Customs brokers' service if desired, necessary quarantine space and transportation of the shipment to and from quarantine. The "Importer's Copy" to be retained.

**THE SHIPPER** in the country of origin must make certain the Health Certification (On the reverse of Original) is completed by a salaried veterinary officer of the National Government of the country from which the birds are shipped; and deliver "Original" and "Carrier's Copy" to the initial transporting carrier.

**THE SALARIED VETERINARY OFFICER** of the National Government of the country of origin is being forwarded a copy of this permit and is responsible for insuring that the necessary inspections and Health Certification (On reverse of Original) are completed, provided circumstances are such that the certification be properly issued.

**THE INITIAL CARRIER** must make certain that the Health Certification (On reverse of Original) has been completed and signed by a salaried veterinary officer of the National Government of the country from which the birds are shipped; make sure that the "Original" (With Health Certification on reverse) accompany the birds to the U.S. Port of Entry; and make certain the "Carrier's Copy" is available for the final carrier who will transport the shipment to the U.S. Port of Entry.

**VS VETERINARIAN AT PORT OF ENTRY** will hold the "Customs Copy" until the shipment is received, then forward it to the U.S. Collector of Customs. The "Original" (With the signed Health Certification on the reverse) will be retained by the VS veterinarian at U.S. Port of entry.

## CONDITIONS FOR IMPORTATION

1. The importer agrees to import the birds authorized by this permit in accordance with the provisions of Part 92, Title 9, CFR, all agreements existing between Veterinary Services and the owner of the facility.
2. The birds will be shipped by the route indicated on the face of the permit.
3. The importer agrees upon arrival of the birds at the port of entry that they shall be accepted from the carrier in the presence of Veterinary Services personnel and transported in a sealed vehicle or accompanied by Veterinary Services personnel to the quarantine facility.
4. Lots refused entry shall be removed from the United States or disposed of by the importer after official notification by the U.S. Department of Agriculture, as provided in Section 92.8(a), Part 92, Title 9, Code of Federal Regulations.
5. If USDA approved quarantine space is not available to handle this shipment upon arrival, this permit is automatically canceled and the shipment will be refused entry. The Deputy Administrator, Veterinary Services, for other reasons may cancel the permit.
6. Applicable U.S. Department of the Interior's regulations 50 CFR, Parts 14, 16, 17, and 21 must be met.

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## HEALTH CERTIFICATION

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*The following certification must be signed by a full-time salaried veterinary officer of the national government of the country of export.*

*I certify that I personally inspected all of the birds, immediately prior to exportation, described in item 4 of VS Form 17-20, and that no evidence of Newcastle disease, ornithosis, or other communicable disease of poultry was found, nor insofar as has been possible to determine, were the birds exposed to any such diseases during the 90 days immediately prior to the inspection date listed below. The birds were placed in new shipping containers at the premises of origin and insofar as is known, the birds have not been vaccinated with Newcastle disease vaccine, Newcastle disease has not occurred on the premises of origin, nor on adjoining premises during the 90-day period immediately prior to exportation and that these premises are not located in an area under quarantine for poultry diseases during the preceding 90 days.*

I further certify that the name and address of the exporter below was furnished to me by the shipper of the birds which I inspected.

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(See item 2 "NOTE" on front of this page.)

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EXPORTERS NAME AND ADDRESS *(Print or type in English - Verify at time of arrival of birds.)*

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NAME AND ADDRESS OF VETERINARY OFFICER *(Print or type)*

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SIGNATURE

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TITLE (Print or type)

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DATE SIGNED

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### MAIL APPLICATION AS INDICATED BELOW

A. IF QUARANTINE FACILITY LOCATED IN:	B. SEND FORM VS 17-20 TO:	C. IF QUARANTINE FACILITY LOCATED IN:	D. SEND FORM VS 17-20 TO:	E. IF QUARANTINE FACILITY LOCATED IN:	F. SEND FORM VS 17-20 TO:
New York.....	USDA, APHIS, VS 80 Wolf Road, Suite 503 Albany, NY 12205	Florida.....	USDA, APHIS, VS P.O. Box 660657 Miami Springs, FL 33266	California.....	USDA, APHIS, VS 83 Scripps Drive Sacramento, CA 95825
Michigan.....	USDA, APHIS, VS 300 South Walnut Lewis Case Building Lansing, MI 48913	Louisiana.....	USDA, APHIS, VS P.O. Box 1391 Baton Rouge, LA 70821	Washington.....	USDA, APHIS, VS 406 General Administration Building Olympia, WA 98504
Illinois.....	USDA, APHIS, VS P.O. Box 3126 Springfield, IL 62708	Texas.....	USDA, APHIS, VS 702 Colorado Street Room 301 Austin, TX 78701		

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