

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0040. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

A completed application is required for approval of a privately-operated bird quarantine facility. The information is used by the USDA-APHIS to take action concerning the requested approval (9CFR 92).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR A QUARANTINE FACILITY FOR BIRDS	SEND COMPLETED APPLICATION TO: USDA-APHIS-VS Import/Export Animals and Products Staff 4700 River Road, Unit 39 Riverdale, MD 20737
INSTRUCTIONS: Please type or print. Return one copy of the completed application to the address indicated at right. If you need more space to answer any of the questions, continue on reverse or on a separate sheet. Cite item number.	
1. NAME AND ADDRESS OF IMPORTER <i>(Include Zip Code)</i> <hr style="border-top: 1px dashed black;"/> TELEPHONE NO. <i>(include area code)</i>	2. ADDRESS WHERE QUARANTINE FACILITY WILL BE LOCATED <i>(if different from item 1)</i> <hr style="border-top: 1px dashed black;"/> TELEPHONE NO. <i>(include area code)</i>

3. NAME, TITLE, AND ADDRESS OF INTENDED OPERATORS, PARTNERS, OFFICERS, DIRECTORS, HOLDERS OR OWNERS OF 10 PERCENT OR MORE OF VOTING STOCK, AND EMPLOYEES IN A MANAGERIAL OR EXECUTIVE CAPACITY.

A. NAME	B. TITLE	C. ADDRESS (No., Street, City and Zip Code)

4. WATER SOURCE ("X" one) <input type="checkbox"/> Public <input type="checkbox"/> Private	5. WASTE DISPOSAL ("X" one or both, as applicable) <input type="checkbox"/> Sewer <input type="checkbox"/> Incinerator	
---	---	--

6. PLANS FOR PROPOSED FACILITY *(Make a drawing of floor plan or attach blueprints of your facility) SHOWING LOCATION FOR:*
 9 CFR 92.106

- Bird Holding area(s)
- Clothes storage and change area(s)
- Necropsy room (showing entry and refrigeration)

- Equipment storage area(s)
- Feed storage area(s)
- Entries and exits
- Washing area(s) for equipment

- Office area(s)
- Shower area(s)
- Ventilation arrangements

ALL OTHER PROVISIONS MUST BE MET AS SPECIFIED IN THE REGULATIONS

CERTIFICATION

Application is hereby made for approval of a USDA Approved Quarantine Facility for bird importations. I certify that the information provided herein is true and correct to the best of my knowledge and belief, and agree to comply with the applicable regulations in 9 CFR Part 92.

7. SIGNATURE OF IMPORTER	8. PRINT NAME	9. DATE
--------------------------	---------------	---------

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0040. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

A completed application is required for approval of a privately-operated bird quarantine facility. The information is used by the USDA-APHIS to take action concerning the requested approval (9CFR 92).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE APPLICATION FOR A QUARANTINE FACILITY FOR BIRDS	SEND COMPLETED APPLICATION TO: USDA-APHIS-VS Import/Export Animals and Products Staff 4700 River Road, Unit 39 Riverdale, MD 20737
INSTRUCTIONS: Please type or print. Return one copy of the completed application to the address indicated at right. If you need more space to answer any of the questions, continue on reverse or on a separate sheet. Cite item number.	
1. NAME AND ADDRESS OF IMPORTER <i>(Include Zip Code)</i> <hr style="border-top: 1px dashed black;"/> TELEPHONE NO. <i>(include area code)</i>	2. ADDRESS WHERE QUARANTINE FACILITY WILL BE LOCATED <i>(if different from item 1)</i> <hr style="border-top: 1px dashed black;"/> TELEPHONE NO. <i>(include area code)</i>

3. NAME, TITLE, AND ADDRESS OF INTENDED OPERATORS, PARTNERS, OFFICERS, DIRECTORS, HOLDERS OR OWNERS OF 10 PERCENT OR MORE OF VOTING STOCK, AND EMPLOYEES IN A MANAGERIAL OR EXECUTIVE CAPACITY.

A. NAME	B. TITLE	C. ADDRESS (No., Street, City and Zip Code)

4. WATER SOURCE ("X" one) <input type="checkbox"/> Public <input type="checkbox"/> Private	5. WASTE DISPOSAL ("X" one or both, as applicable) <input type="checkbox"/> Sewer <input type="checkbox"/> Incinerator	
---	---	--

6. PLANS FOR PROPOSED FACILITY *(Make a drawing of floor plan or attach blueprints of your facility) SHOWING LOCATION FOR:*
 9 CFR 92.106
- Bird Holding area(s)
 - Clothes storage and change area(s)
 - Necropsy room (showing entry and refrigeration)
 - Equipment storage area(s)
 - Feed storage area(s)
 - Entries and exits
 - Washing area(s) for equipment
 - Office area(s)
 - Shower area(s)
 - Ventilation arrangements

ALL OTHER PROVISIONS MUST BE MET AS SPECIFIED IN THE REGULATIONS

CERTIFICATION

Application is hereby made for approval of a USDA Approved Quarantine Facility for bird importations. I certify that the information provided herein is true and correct to the best of my knowledge and belief, and agree to comply with the applicable regulations in 9 CFR Part 92.

7. SIGNATURE OF IMPORTER	8. PRINT NAME	9. DATE
--------------------------	---------------	---------