

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 94, 95, and 122).

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 time required to complete this information collection is estimated to average .016 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.

The valid OMB control numbers for this information collection are 0579-0015, 0094, 0234, 0213, and 0245.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

National Center for Import-Export, Products Program
4700 River Road, Unit 40
Riverdale, MD 20737-1231

**APPLICATION FOR PERMIT TO:
IMPORT OR TRANSPORT CONTROLLED MATERIAL OR
ORGANISMS OR VECTORS**

1. MODE OF TRANSPORTATION *(Please "X"):*

☐ AIR

☐ SEA

☐ LAND

☐ ANY

2. U.S. PORTS OF ENTRY

3. IMPORTER *(Name, organization, complete address, telephone and fax number of individual who will receive and be responsible for the imported material)*

4. SHIPPER(s): *(Name and Address of producer/shipper)*

5. DESCRIBE THE MATERIAL TO BE IMPORTED *(Provide the following information, as applicable: Animal species and tissue of origin of animal product, country of origin of the animals from which the raw animal product was sourced, processing country, recombinant system and genetic inserts, antibody immunogens, stabilizers, nutritive factors of animal origin in media.) (COMPLETE VS FORM 16-7 for cell cultures and their products.)*

6. QUANTITY, FREQUENCY OF IMPORTATION, AND EXPECTED COMPLETION DATE *(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 U.S. *(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 REPRESENT, THAT THIS MATERIAL WILL BE USED IN ACCORDANCE WITH ALL RESTRICTIONS AND PRECAUTIONS AS MAY BE SPECIFIED IN THE PERMIT.

11. SIGNATURE OF APPLICANT

12. TYPED NAME AND TITLE

13. DATE

14. APHIS USER FEE CREDIT ACCOUNT NO. OR METHOD OF USER FEE PAYMENT *(for VISA or Mastercard include number and expiration date).*