

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

Form Approved; OMB No. 0910-0212  
Expiration Date: December 31, 2008  
See Reverse for OMB Statement

.....  
(Place)

.....  
(Date)

Secretary of Health and Human Services  
Washington, D.C.

Sir:

I hereby certify that .....  
(Name of applicant for permit)

.....  
(Address of applicant)

whose application for a permit to ship or transport milk and/or cream into the United States is attached hereto, has complied with the applicable provisions of the Federal Import Milk Act, as shown by the attached reports, and that the signers\* of such reports,

.....  
(Name of signer of report)

.....  
(Title or veterinary degrees)

.....  
(Name of signer of report)

.....  
(Title or veterinary degrees)

.....  
(Name of signer of report)

.....  
(Title or veterinary degrees)

.....  
(Name of signer of report)

.....  
(Title or veterinary degrees)

acted under my supervision and are authorized to make the required inspections and examinations.

.....  
(Signature of duly accredited official of foreign government  
or State of the United States or municipality thereof)

.....  
(Date)

\*If space is too limited to list names of all inspectors and veterinarians signing attached reports, the back of this certificate may be used.

NOTE: This form must be filed when applicant desires to obtain a permit based on a certificate of a duly accredited official of an authorized department of a foreign government and / or of any State of the United States or municipality thereof. There must be attached to it, as part thereof, the signed application for a permit and the necessary reports of veterinarians and inspectors.

Public reporting burden for this collection of information 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 reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS/FDA/CFSAN  
5100 Paint Branch Parkway  
College Park, MD 20740-3835

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.