PLEASE TYPE OR PRINT CLEARLY

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 0579-0015. The time required to complete this information collection is estimated to average between No controlled material, organisms or vectors may be imported or moved interstate unless the data requested on FORM APPROVED this form is furnished and certified (9 CFR 1.6 and 3 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. OMB NO. 0579-0015 94, 95, and 122). U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. MODE OF TRANSPORTATION (Please "X"): VETERINARY SERVICES AIR SEA LAND ANY National Center for Import-Export, Products Program 4700 River Road, Unit 40 Riverdale, MD 20737-1231 2. U.S. Ports of Entry APPLICATION FOR PERMIT TO: IMPORT OR TRANSPORT CONTROLLED MATERIAL OR **ORGANISMS OR VECTORS** 3. IMPORTER (Name, organization, complete address, telephone and fax 4. SHIPPER(s): (Name and Address of producer/shipper) number of individual who will receive and be responsible for the imported material) 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 MATERIALAND 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, treatments, disease safeguard etc.) 10. METHOD OF FINAL DISPOSITION OF IMPORTED MATERIAL AND DERIVATIVES I CERTIFY AS AUTHORIZED BY THE COMPANY/INSTITUTION THAT I REPRESENT, THAT THISMATERIAL 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.).