



Veterinary Certificate for Meat Products and Treated Stomachs, Bladders, and
Intestines for Transit/Storage in the European Union

COUNTRY - United States

Veterinary certificate to EU

Part I: Details of dispatched consignment	I.1. Consignor Name Address Full name and address Tel.		I.2. Certificate reference number From FSIS 9060-5	I.2.a	
			I.3. Central Competent Authority FSIS		
			I.4. Local Competent Authority Enter appropriate FSIS District Office		
	I.5. Consignee Name Address Use full address – no APO boxes Postal code Tel.		I.6. Person responsible for the consignment in EU Name Address Use full address – no APO boxes Postal code Tel.		
	I.7. Country of origin US	ISO code US-O	I.8. Region of origin Code	I.9. Country of destination ISO code	I.10.
	I.11. Place of origin Name Address Enter establishment details of processing establishment		I.12. Place of destination Custom warehouse <input type="checkbox"/> Ship supplier <input type="checkbox"/> Do NOT check a box here Name Address Type "US Military Base" Postal code Type "Same as I.5"		
	I.13. Place of loading Use full name of port – no port codes		I.14. Date of departure Must be AFTER health certificate date		
	I.15. Means of transport Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/> Identification: Check box "ship" Documentary references: Ship name/voyage number		I.16. Entry BIP in EU Use full name of port – no port codes		
			I.17. No(s) of CITES N/A		
	I.18. Description of commodity Must be completed related to commodity code in I.19 – no abbreviations			I.19. Commodity code (HS code) Enter 4 digit code (no abbreviations)	
I.21. Temperature of product Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/> Check appropriate box		I.20. Quantity Must be completed in Kg.			
I.23. Identification of container/Seal number MUST include container and seal number		I.22. Number of packages Must be completed			
I.25. Commodities certified for: Human consumption <input type="checkbox"/> Check box "human consumption"		I.24. Type of packaging Must be completed			
I.26. For transit through EU to 3rd Country 3rd country Type "US Military – not for resale"		I.27.			
I.28. Identification of the commodities Approval number of establishments Species (Scientific name) Nature of commodity Treatment type Abattoir Manufacturing plant Cold store Number of packages Net weight Complete in full – do NOT refer to FSIS 9060-5, as that form will not be presented to port authorities. Note that European authorities might not understand abbreviations. Include how the meat was treated to make it a meat product.					

Each page must be stamped
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NOT black ink

(Signature of Official Veterinarian)



COUNTRY - United States

Meat products/treated stomachs, bladders and
intestines for transit and storage

Part II: Certification	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">II.a. Certificate reference number From FSIS 9060-5</td> <td style="width: 40%;">II.b.</td> </tr> </table>	II.a. Certificate reference number From FSIS 9060-5	II.b.
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<p>II. Animal Health Attestation</p> <p>I, the undersigned official veterinarian, hereby certify, that the meat product, treated stomachs, bladders and intestines ⁽¹⁾ for transit and/or storage ⁽²⁾ described above:</p> <p>II.1. come from a country or region authorized for imports into the EC as laid down in Annex II to 2007/777/EC at the time of slaughter of the animals from which the meat in the meat product or the treated stomachs, bladders and intestines are derived and</p> <p>II.2. comply with the relevant animal health conditions as laid down in the animal health attestation in the model certificate in Annex III to 2007/777/EC.</p> <p>NOTE: When multiple commodity types on 9060 (i.e. poultry and beef) will require different transit documents, add a letter to the end of the Certificate Reference Number (CRF) to make each number unique. Multiple transit documents referring to the same CRF will cause problems at the ports. (i.e. MPG-745488A, MPG-745488B etc.)</p> <p>Notes</p> <p>Part I:</p> <ul style="list-style-type: none"> — Box reference I.8: region (if appropriate) as appearing in Annex II to Commission Decision 2007/777/EC (as last amended). — Box reference I.11: Place of origin: name and address of the dispatch establishment. — Box reference I.15: Registration number (railway wagons or container and lorries), flight number (aircraft) or name (ship). Separate information is to be provided in the event of unloading and reloading. — Box reference I.19: use the appropriate HS codes: 02.10, 16.01, 16.02, 05.04. — Box reference I.23: Identification of container/Seal number: only where applicable. — Box reference I.28: 'Species': select among species described in Part II 1.1. (A); <p style="margin-left: 40px;">'Nature of commodity': choose among the following: meat product, treated stomachs, bladders or intestines;</p> <p style="margin-left: 40px;">'Treatment type': specify the description of the treatment(s) applied as laid down in Annex II to Commission Decision 2007/777/EC (as last amended);</p> <p style="margin-left: 40px;">'Abattoir': any abattoir or 'game-handling establishment';</p> <p style="margin-left: 40px;">'Cold store': any storage facility.</p> <p>Part II:</p> <p>(¹) Meat products as laid down in point 7.1 of Annex I to Regulation (EC) No 853/2004 and treated stomachs, bladders and intestines that have undergone one of the treatments laid down in Annex II part 4 to Decision 2007/777/EC.</p> <p>(²) In accordance with Article 12(4) or Article 13 of Council Directive 97/78/EC.</p> <ul style="list-style-type: none"> — The colour of the signature shall be different to that of the printing. The same rule applies to the stamp other than those embossed or watermarked. 			
<p>Official veterinarian</p> <p>Name (in capital letters): Must be completed</p> <p>Date: This date must be BEFORE ship departure date.</p> <p>Stamp:</p>	<div style="text-align: center;"></div> <p>Qualification and title: Must be completed</p> <p>Signature: NOT black ink</p>		

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black ink**

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(Signature of Official Veterinarian)