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| AH-IM-102.docx (rev. 08/16) | | OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture,  Trade and Consumer Protection  Division of Animal Health  PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4872 Fax (608) 224-4871 | IMPORT PERMIT NUMBER: |
| DATE ISSUED: |
| DATE EXPIRES: Thirty days after issued |
| SIGNATURE: |
| CERVID IMPORT PERMIT APPLICATION ss. ATCP 10.07 and 10.55 Wis. Admin.Code | | |

INSTRUCTIONS:

1. Complete sections A – F. Items with asterisk “ \* ” are required fields.
2. Submit completed application form and certificate of veterinary inspection (CVI), also known as a health certificate.
3. Fax to 608-224-4871, email to [DATCPAnimalImports@Wisconsin.gov](mailto:DATCPAnimalImports@Wisconsin.gov) or mail to the address above.
4. Processing hours are Monday-Friday 8AM-4PM Central Time. Call 608-224-4874 with questions. Please allow time for the approval process.

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| Section A – Origin & Destination Information | | | | | | | | | | | | | |
| \*DESTINATION LEGAL NAME | | | | | | | | \*DBA/TRADE NAMES/OTHER NAMES USED | | | | | |
| \*LEGAL ENTITY TYPE If animals are owned by business, legal entity section must be completed (Check one): | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| General Partnership | | Cooperative | | Corporation | | Trust | LLC | | Other: | | | | |
| \*DESTINATION LEGAL ADDRESS STREET | | | | | | | | \*DESTINATION CITY | | | | \*STATE | \*ZIP |
| \*DESTINATION PHONE  (   )     - | | | \*DESTINATION FARM-RAISED DEER REGISTRATION NUMBER | | | | | | | \*DESTINATION LIVESTOCK PREMISES CODE | | | |
| \*ORIGIN CONSIGNOR LEGAL NAME | | | | | \*ORIGIN CONSIGNOR DBA/TRADE | | | | | | ORIGIN LIVESTOCK PREMISES CODE | | |
| \*ORIGIN PHONE  (   )     - | \*ORIGIN ADDRESS | | | | | | | \*ORIGIN CITY | | | | \*STATE | \*ZIP |

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| Section B – Shipment Information | | | | |
| HAULER NAME | | HAULER PHONE  (   )     - | | |
| HAULER ADDRESS STREET | HAULER CITY | | STATE | ZIP |
| \*SHIPMENT DATE | \*NUMBER OF ANIMALS IN SHIPMENT (BY SEX) | | | |
| \*CERVID TYPE(S) | | | | |

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| Section C – Certificate of Veterinary Inspection (CVI) or Health Certificate & Veterinarian Information | | | | | |
| \*CVI or HC NUMBER | \*DATE CVI ISSUED | \*BUSINESS TELEPHONE | \*BUSINESS FAX | | |
| \*REQUESTOR NAME (VETERINARIAN OR WI IMPORTER) | | \*CLINIC NAME | | | |
| \*CLINIC ADDRESS STREET | | \*CITY | | \*STATE | \*ZIP |

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| Section D – Negative Test Results | | | |
| \*BRUCELLOSIS CERTIFIED HERD NUMBER AND ANNIVERSARY DATE ***OR*** | | \*BRUCELLOSIS INDIVIDUAL TEST DATE BLED & RESULTS | |
| \*TB ACCREDITATION NUMBER AND ANNIVERSARY DATE ***OR*** | \*TB WHOLE HERD TEST DATE & RESLUTS | | \*LAST INDIVIDUAL TB TESTED DATE (MICHIGAN) |

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| Section E – Chronic Wasting Disease Herd Status | |
| \*CWD HERD STATUS NUMBER | \*BEGINNING CWD HERD STATUS DATE |

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| Section F – Signature & Date | |
| \*APPLICANT SIGNATURE (VETERINARIAN OR WI IMPORTER) | \*APPLICATION DATE |

Personal Information you provide may be used for purposes other than that for which it was originally collected s. 15.04(1)(m) Wis. Stats.

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