PERMIT APPLICATION FOR IMPORTATION OF POULTRY AND HATCHING EGGS INTO SOUTH DAKOTA

PERMIT VALID FROM SEPTEMBER 1 THRU AUGUST 31

SECTION I. APPLICANT INFORMATION

Company Name: _________________________________________________
Contact Name: _________________________________________________
Address: _________________________________________________
City, State, Zip: _________________________________________________
Email Address: _________________________________________________
Phone: ________________________ NPIP #: ____________

We hereby apply to the South Dakota Animal Industry Board for permission to ship the following into the state of South Dakota:
(Check all that apply)

_____ POULTS UNDER 4 MONTHS  ____ TURKEY HATCHING EGGS
_____ CHICKS UNDER 5 MONTHS  ____ CHICKEN HATCHING EGGS
_____ PHEASANTS  ____ PHEASANT HATCHING EGGS
_____ OTHER POULTRY (please list types):  ____ OTHER POULTRY HATCHING EGGS (please list types):

___________________________________   ____________________________________

I am familiar and agree to comply with the rules and regulations governing the importation of poultry and hatching eggs into the state of South Dakota. By signing, I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Print Name:___________________________________ Signature: _______________________________ Date: _____________

*****SUBMIT TO OFFICIAL STATE AGENCY ADMINISTERING THE NPIP TO COMPLETE SECTION II*****

SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL

Yes No

Is the above applicant participating in the National Poultry Improvement Plan?

Please verify the disease status of the above checked poultry and/or hatching eggs for shipment into South Dakota.

_____ U.S. Pullorum-Typhoid Clean/State  ____ U.S. Sanitation Monitored
_____ U.S. Mycoplasma Gallisepticum (MG) Clean  ____ U.S. Avian Influenza (AI) Clean
_____ U.S. Mycoplasma Synoviae (MS) Clean  ____ U.S. H5/H7 AI Monitored
_____ U.S. Mycoplasma Meleagridis (MM) Clean  ____ U.S. H5/H7 AI Clean
_____ U.S. Salmonella Enteritidis (SE) Clean  ____ U.S. MG Monitored
_____ U.S. Salmonella Monitored  ____ U.S. MS Monitored

State Official's Signature: _________________________________ Date: _____________________

PLEASE SUBMIT COMPLETED FORM TO THE SOUTH DAKOTA ANIMAL INDUSTRY BOARD.

AIB form PTC104 (revised 07-16)