

South Dakota Animal Industry Board

411 S Fort St., Pierre, SD 57501
(605)773-3321 http://aib.sd.gov

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)

<input type="checkbox"/> POULTS UNDER 4 MONTHS	<input type="checkbox"/> TURKEY HATCHING EGGS
<input type="checkbox"/> CHICKS UNDER 5 MONTHS	<input type="checkbox"/> CHICKEN HATCHING EGGS
<input type="checkbox"/> PHEASANTS	<input type="checkbox"/> PHEASANT HATCHING EGGS
<input type="checkbox"/> OTHER POULTRY (please list types): _____	<input type="checkbox"/> 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

Is the above applicant participating in the National Poultry Improvement Plan? Yes No
_____ _____

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

<input type="checkbox"/> U.S. Pullorum-Typhoid Clean/State	<input type="checkbox"/> U.S. Sanitation Monitored
<input type="checkbox"/> U.S. Mycoplasma Gallisepticum (MG) Clean	<input type="checkbox"/> U.S. Avian Influenza (AI) Clean
<input type="checkbox"/> U.S. Mycoplasma Synoviae (MS) Clean	<input type="checkbox"/> U.S. H5/H7 AI Monitored
<input type="checkbox"/> U.S. Mycoplasma Meleagridis (MM) Clean	<input type="checkbox"/> U.S. H5/H7 AI Clean
<input type="checkbox"/> U.S. Salmonella Enteritidis (SE) Clean	<input type="checkbox"/> U.S. MG Monitored
<input type="checkbox"/> U.S. Salmonella Monitored	<input type="checkbox"/> U.S. MS Monitored

State Official's Signature: _____ Date: _____

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