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

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.

_____ 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.