VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

DIVISION OF ANIMAL & FOOD INDUSTRY SERVICES
OFFICE OF VETERINARY SERVICES
261 MT. CLINTON PIKE
HARRISONBURG, VA 22802
540-209-9120 FAX: 540-432-1357

Form OVS1201

APPLICATION FOR APPROVAL NUMBER FOR THE IMPORTATION OF POULTRY

Approval Numbers expire December 31 of each year and must be renewed annually. Indicate the year for which you are applying:_____

Name and Address

Name:

Flock/Hatchery of Origin Address:

Telephone Number: | Fax Number:

Email Address:

Class of Poultry (check all that apply and indicate flock size or hatchery capacity)

Chickens □ Hatching Eggs □ Birds under 4 months of age □ Adult Birds □ Slaughter Birds
Breed/Type: Flock Size or Hatchery Capacity:

Turkeys □ Hatching Eggs □ Birds under 4 months of age □ Adult Birds □ Slaughter Birds
Breed/Type: Flock Size or Hatchery Capacity:

Waterfowl □ Hatching Eggs □ Birds under 4 months of age □ Adult Birds □ Slaughter Birds
Species/Type: Flock Size or Hatchery Capacity:

Game Birds □ Hatching Eggs □ Birds under 4 months of age □ Adult Birds □ Slaughter Birds
Species/Type: Flock Size or Hatchery Capacity:

Ratites □ Hatching Eggs □ Birds under 4 months of age □ Adult Birds □ Slaughter Birds
Species/Type: Flock Size or Hatchery Capacity:

Signature

I will abide by 2VAC5-141-60 of the Virginia Administrative Code and the current Virginia State Veterinarian's Avian Influenza Proclamation and adhere to all requirements of such for each and every shipment of poultry consigned to Virginia for the calendar year for which this approval number will be granted, and understand that it is my responsibility to monitor such for changes.

Signature: Date:

NPIP Certification (must be completed by your state's Official State NPIP Representative)

□ US Pullorum/Typhoid Clean Flock	□ US Pullorum/Typhoid Clean State
□ US M. gallisepticum Clean Flock/State	□ US M. Synoviae Clean Flock
□ NPIP AI Clean Flock	□ US Sanitation Monitored

□ Other (please explain):

For chickens and turkeys, and the parent flock of chicken and turkey hatching eggs, please indicate the date and percentage of positive reactions for the most recent Pullorum-typhoid test:

Official State NPIP Representative Name:

Official State NPIP Representative Title:

Official State NPIP Representative Signature: Date:

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Approval Number	Date Issued	Expiration Date