



APPLICATION TO IMPORT POULTRY AND HATCHING EGGS

NORTH DAKOTA DEPARTMENT OF AGRICULTURE

STATE BOARD OF ANIMAL HEALTH

SFN 62327 (5-2023)

SECTION 1. APPLICANT INFORMATION

Company Name		Email Address	
Contact Name			Telephone Number
Address	City	State	ZIP Code

I/we hereby apply to the North Dakota Board of Animal Health for permission to ship the following into the state of North Dakota (check all that apply):

<input type="checkbox"/> Day-Old Poultry	<input type="checkbox"/> Day-old Gamebirds	<input type="checkbox"/> Day-old Waterfowl
<input type="checkbox"/> Started Poultry (0-4 months)	<input type="checkbox"/> Raised-for-Release Gamebirds	<input type="checkbox"/> Started Waterfowl
<input type="checkbox"/> Mature Poultry (> 4 months)	<input type="checkbox"/> Gamebird Hatching Eggs	<input type="checkbox"/> Waterfowl Hatching Eggs
<input type="checkbox"/> Poultry Hatching Eggs	<input type="checkbox"/> Other (specify): _____	

I am familiar and agree to comply with the rules and regulations governing the importation of poultry and hatching eggs into the state of North 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.

I acknowledge that the National Poultry Improvement Plan (NPIP) program standards and animal movement regulations are expected to evolve over time and will make good-faith efforts to maintain compliance with requirements.

If approved, I agree to submit VS 9-3 movement records electronically through the NPIP database or equivalent method acceptable to both the origin and destination OSA.

Print Name	Signature	Date
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*****SUBMIT TO OFFICIAL STATE AGENCY ADMINISTERING THE NPIP IN YOUR STATE TO COMPLETE*****
IMPORTATION PERMIT VALID FROM SEPTEMBER 1 THRU AUGUST 31

SECTION 2. TO BE COMPLETED BY NPIP STATE OFFICIAL

Is the above applicant participating in the National Poultry Improvement Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, NPIP Number
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Verify the disease status of the above checked poultry and/or hatching eggs for shipment into North 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
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Return completed form to North Dakota Board of Animal Health at doa-bah@nd.gov