

MONTANA DEPARTMENT OF LIVESTOCK  
ANIMAL HEALTH DIVISION  
www.liv.mt.gov



**OFFICE USE ONLY**  
CHECK/MO: \_\_\_\_\_  
AMOUNT PAID: \_\_\_\_\_  
TRANSMITTAL #: \_\_\_\_\_  
PERMIT #: \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

**2018 MONTANA ANNUAL IMPORT  
PERMIT APPLICATION: BOVINE SEMEN –  
INTERNATIONAL**

_____ Owner/Manager Name		_____ Ranch or Business Name	
_____ Mailing Address		_____ Physical Address	
_____ City, State, Zip		_____ City, State, Zip	
_____ Phone	_____ Fax	_____ Email	

How would you like to receive your permit(s):  Email  Mail  
Payment Method:  Check or Money Order  
 Online Payment (Credit Card or E-Check)\* Payment Confirmation # \_\_\_\_\_  
\*Online payments can be made at [www.animalhealthmt.com](http://www.animalhealthmt.com) and to expedite processing the application should be sent to [livpermits@mt.gov](mailto:livpermits@mt.gov)

**PERMIT APPLICATION TO SHIP BOVINE SEMEN FROM THE ABOVE LISTED FACILITY INTO MONTANA. PER ADMINISTRATIVE RULE OF MONTANA (ARM) 32.2.404 THE FEE FOR A PERMIT IS \$42.00 WHICH INCLUDES A NON-REFUNDABLE \$5.00 APPLICATION FEE. PERMITS ARE NOT TRANSFERABLE AND EXPIRE DECEMBER 31 OF THE YEAR IN WHICH THEY ARE ISSUED.**

**VETERINARY CERTIFICATION:**

I HEREBY CERTIFY THAT ALL THE ANIMALS, SEMEN, ADDITIVES, AND EQUIPMENT MEET MONTANA'S SEMEN IMPORT REGULATIONS ARM 32.3.220. ALL TESTS ARE DONE BY A LICENSED, ACCREDITED VETERINARIAN. A COPY OF THE PERMIT WILL ACCOMPANY EACH SHIPMENT OF SEMEN, AS REQUIRED BY MONTANA DEPARTMENT OF LIVESTOCK ARM 32.3.202.

I FURTHER CERTIFY THAT THIS FACILITY USES CERTIFIED SEMEN SERVICE HEALTH STANDARDS.

_____ Veterinarian Signature	_____ Date	_____ State or Federal Vet License #
_____ Veterinarian Printed Name	_____ Phone/email	

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