

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



OFFICE USE ONLY	
CHECK/MO:	_____
AMOUNT PAID:	_____
TRANSMITTAL #:	_____
PERMIT #:	_____
ISSUE DATE:	_____
EXPIRATION DATE:	_____

2019 MONTANA ANNUAL IMPORT PERMIT APPLICATION: EQUINE SEMEN

Stallion Owner/Manager Name	Ranch or Business Name (location of stallion)	
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)* # . '

*Online payments can be made at www.animalhealthmt.com and to expedite processing the application should be sent to livpermits@mt.gov

APPLICATION FOR A PERMIT TO SHIP COOLED SEMEN FROM A SINGLE STALLION INTO MONTANA IN ACCORDANCE WITH ADMINISTRATIVE RULES OF MONTANA (ARM). PER ARM 32.2.404 THE FEE FOR A PERMIT IS \$7.00 WHICH INCLUDES A NON-REFUNDABLE \$5.00 APPLICATION FEE. PERMITS ARE NOT TRANSFERRABLE AND EXPIRE DECEMBER 31 OF THE YEAR IN WHICH THEY ARE ISSUED.

STALLION INFORMATION:

Stallion's Name
Breed
Owner/Manager

VETERINARY CERTIFICATION:

I HEREBY CERTIFY THAT THE STALLION, SEMEN, ADDITIVES, AND EQUIPMENT MEET MONTANA'S SEMEN IMPORT REGULATIONS. MONTANA DEPARTMENT OF LIVESTOCK ARM 32.3.220(1) ALL SIRES MUST NOT HAVE BEEN USED FOR NATURAL SERVICE WHILE THE SEMEN IS BEING COLLECTED AND CERTIFIED FOR ARTIFICIAL INSEMINATION. A COPY OF THE PERMIT WILL ACCOMPANY EACH SHIPMENT OF SEMEN, AS REQUIRED BY ARM 32.3.202.

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

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