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 IMPORT PERMIT APPLICATION: ANNUAL POULTRY

Applicant 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)* t l·èŸŜyŭ /ƶyŦ₦ŸI·ŭƶyˇ I ψψ

PERMIT APPLICATION TO SHIP HATCHING EGGS, CHICKS AND/OR POULTRY INTO THE STATE OF MONTANA. PER ADMINISTRATIVE RULE OF MONTANA 32.2.404 THE FEE FOR A PERMIT IS $4.00 AND IS NON-REFUNDABLE. PERMITS ARE NOT TRANSFERRABLE AND EXPIRE DECEMBER 31ST OF THE YEAR IN WHICH THEY ARE ISSUED.

I hereby certify that each container of hatching eggs, chicks, and poultry shipped into Montana will bear an official label or certificate with the Montana import permit number, as required by ARM 32.3.217.

National Poultry Improvement Plan (NPIP) number: _____

If not participating in NPIP, this application must be endorsed by the Livestock Sanitary Official of your state as follows:

I hereby certify that this hatchery is operating under the Disease Control authority of the State of _____ and obtains only hatching eggs, chicks, and poults from flocks that are classified as pullorum-typhoid clean or of equal status.

_____ _____
Signature of State Accredited Veterinarian or Animal Health Official — Date

_____ _____
Applicant Signature — Date

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Animal Health Division
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