



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

2019 MONTANA ANNUAL IMPORT PERMIT APPLICATION: BOVINE SEMEN – DOMESTIC

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 and to expedite processing the application should be sent to 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 \$4.00 AND IS NOT REFUNDABLE. PERMITS ARE NOT TRANSFERRABLE 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	