MONTANA DEPARTMENT OF LIVESTOCK ANIMAL HEALTH DIVISION PO Box 202001, Helena MT 59620-2001 www.liv.mt.gov

2025 MONTANA BRUCELLA OVIS CERTIFIED FREE FLOCK APPLICATION

OFFICE	USE ONLY
CHECK/MO:	
AMOUNT PAID:_	
TRANSMITTAL #:_	

Owner Name	9			Ranch or Business Name	
Mailing Addre	SS		Physical Address		
City, State, Zi	р			City, State, Zip	
□ Online	or Money Order Payment (Credit Card	or E-Che	•	Email nt Confirmation # nt.gov/doa/opp/LIVAnima	alHealth/cart and to
exp	edite processing the ap	plication	n should be se	nt to <u>livpermits@mt.gov</u>	
APPLICATION FOR RENEWAL OR RULE (ARM) 32.3.401. THE FE NEW. RENEWAL APPLIES TO MONTHS AFTER THE QUALIFY \$5.00 APPLICATION FEE.	E FOR CERTIFICATION, FLOCKS THAT WERE	, SET BY CERTIF	ARM 32.2.40 IED THE PRE	1, IS <u>\$18.00</u> FOR RENEW VIOUS YEAR. CERTIFIC	AL OR <u>\$40.00</u> FOR ATION EXPIRES 14
☐ RE-CERTIFICATION FO	R FLOCK #		<u>.</u>		
OWNER CERTIFICATION					
I certify that this is an establish	ed Montana flock and i	it compli	es with the fo	llowing <i>B.ovis</i> -Free Flock	certification
requirements:	- -		0		
1) All rams eight months of	_	e negati	ve <i>B. Ovis</i> test	within 60 days of the ann	iversary date.
 All rams purchased in the a. Originated f 	rom a Certified <i>B. ovis-</i>	froo floo	k or		
				prior to entry into the flo	nck
<u></u>	tion for new rams must			prior to entry into the ne	CK.
3) Rams have not been in co				ther source	
List rams and test inform	_		•		
ID TAGS	AGES		DATE(S)	CASE NUMBER	
	•				
Testing veterinarian name and	phone number:				
Signature of Owner:					

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□ INITIAL FLOCK CERTIFICATION	П	INITI	AL I	FLOCK	CERTIFI	CATION
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OWNER CERTIFICATION

All rams eight months of age and older have two negative Brucella ovis tests performed 45-60 days apart.

I hereby certify that all ra	ams in this flo	ock listed below v	were tested negative for	r <i>Brucella ovis</i> twice, 45	-60 days apart:	
ID TAGS	AGES	INITIAL TEST	45-60 DAY RETEST	CASE NUMBER		
		DATE	DATE			
Testing veterinarian name and phone number:						
Signature of Owner:						
		STATE VET	ERINARIAN APPROVAL			
Montana State Veterinar	ian Authoriza	ation				

Signature Date