

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



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

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

Email where you would like to receive your permit(s): _____

Payment Method: Check or Money Order

Online Payment (Credit Card or E-Check)* Payment Confirmation # _____

*Online payments can be made at <https://svc.mt.gov/doa/opp/LIVAnimalHealth/cart> 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 32.2.401 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

VETERINARIAN INFORMATION (if available but not required):

Veterinarian Printed Name
Phone/email

MT Dept. of Livestock | Animal Health Division
PO Box 202001, 301 N Roberts | Ph 406-444-2976
Helena MT 59620-2001 | Email livpermits@mt.gov