

December 14, 2018

MEMO TO: Parties Shipping Eggs and Poultry into Nebraska

FROM: Dr. Roger Dudley, Deputy State Veterinarian
Nebraska Department of Agriculture

SUBJECT: Permit to Ship Eggs/Poultry into Nebraska

Enclosed is an Application for a Permit to Ship Poultry and/or Hatching Eggs into Nebraska. Please complete Section I and forward the application to your state poultry agency. The state poultry agency representative should complete Section II and return the application to the Nebraska Department of Agriculture.

Nebraska requirements for importation of poultry are:

- All hatching eggs and poultry less than eight weeks of age must:
 1. Be accompanied by a VS Form 9-3; and
 2. Obtain a pre-assigned, Out-of-State Poultry Permit; and
 3. Originate from NPIP participating flocks, hatcheries, or dealers.

- Poultry over eight weeks of age must be:
 1. Accompanied by a CVI; and
 2. Obtain a permit for entry; and
 3. Originate from an NPIP participating flock or be individually tested negative for pullorum and typhoid within 90 days of importation.

Please return completed application to Nebraska Department of Agriculture, Animal and Plant Health Protection.

Thank you for your cooperation.

Enclosure

2018-2019 Application for a Permit to Ship Poultry and/or Hatching Eggs into Nebraska

Nebraska Department of Agriculture
Animal and Plant Health Protection
P.O. Box 94787
Lincoln, Nebraska 68509-4787
(402) 471-2351
www.nda.nebraska.gov

OFFICE USE ONLY	
PERMIT #:	EXPIRES:

SECTION I *(to be completed by shipper)*

I (We), _____, _____
Name Route or Street

City State Zip

Phone No.: (____) _____ Email: _____ NPIP Approval Number: _____
hereby apply for permission to ship the following into Nebraska (*check the desired boxes*):

- Chicken hatching eggs
- Turkey hatching eggs
- Exhibition hatching eggs
- Game bird hatching eggs
- Other (please explain)
- Chickens under 8 weeks of age
- Pullets under 8 weeks of age
- Poults under 8 weeks of age
- Exhibition birds under 8 weeks of age
- Waterfowl under 8 weeks of age
- Game birds under 8 weeks of age

Signature (must be owner or officer) Date

*** * * * * FORWARD TO THE DISEASE CONTROL AGENCY IN YOUR STATE * * * * ***

SECTION II *(to be completed by the disease control agency of the state of origin)*

Please provide all information requested to avoid additional correspondence and delay in issuing permit. Choose either (a) or (b) and check applicable box(es).

- (a) This applicant is a national plan participant and has obtained a classification for the following disease(s):
- Pullorum-typhoid
 - Mycoplasma gallisepticum
- (b) Pullorum-typhoid classification is equivalent to U.S.-approved clean.

Signature and title of state official of origin Date

*** * * * * RETURN APPLICATION TO THE NEBRASKA DEPARTMENT OF AGRICULTURE * * * * ***

Signature of Nebraska Department of Agriculture representative Date