



KANSAS EMERGENCY LIVESTOCK MOVEMENT PERMIT

Origination Premises Information

Name of Premises:		KS License #			
Street Address:		City:	State: KS	County:	Zip:
GIS Coordinates (if known)		Lat:		Long:	
Owner Name:			Email:		
Contact Ph #:			Alternate Ph #		
Reason for Movement:					
Kansas Location ID #			USDA Prem ID #:		

Have you received any animals in the last 14 days? Yes No
If yes, where did the animals come from: City _____ State _____
Date animals entered premises: _____

Hauler Info

Name of Hauler:			Street Address:		
City:	State:	Zip:	Contact Name:		
Phone:		Alt Phone:		Email:	
Tanker Permit #			VIN #		
Hauler Name:			Street Address:		
City:	State:	Zip:	Phone:	Alt Phone:	
Email:			Lic/Permit #		
Route from Origin to Destination:					

Destination Information

Destination Name:			Street:		
City:	State:	Zip:	Contact Name:		
Phone:			Email:		

KDA USE ONLY

Date Received:	Date Approved:	Permit #:
Permit Valid from:	To: Until Revoked	
List route modifications here:		
Signature of Authorizing Official:		Title
Name:		Email:

***Disobeying requirements of this movement permit may result in a fine and/or imprisonment.
For questions regarding this permit, contact Kansas Department of Agriculture at (785) 564-5700***