

Permit to Ship Poultry and/or Hatching Eggs into Kansas

Office Use Only

Expires: 9/30/20 Permit No: _____

SECTION I (to be completed by shipper)

Facility Name: _____ NPIP Number: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

The above hereby applies for permission to ship the following into Kansas (*check the desired boxes*):

- | | |
|---|--|
| <input type="checkbox"/> Chicken hatching eggs | <input type="checkbox"/> Chickens under 8 weeks of age |
| <input type="checkbox"/> Turkey hatching eggs | <input type="checkbox"/> Pullets under 8 weeks of age |
| <input type="checkbox"/> Exhibition hatching eggs | <input type="checkbox"/> Poults under 8 weeks of age |
| <input type="checkbox"/> Game birds | <input type="checkbox"/> Exhibition birds under 8 weeks of age |
| <input type="checkbox"/> Other (please explain) _____ | <input type="checkbox"/> Water fowl under 8 weeks of age |

I am familiar with the rules and regulations governing the importation of poultry and hatching eggs into the state of Kansas and agree to comply with same.

Signature (must be owner or officer)

Date

After completion, forward to your state NPIP Agency. The status of the above checked products must be indicated below or permit will not be processed.

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

- | | |
|---|---|
| <input type="checkbox"/> U.S. Pullorum Typhoid Clean | <input type="checkbox"/> U.S. Sanitation Monitored |
| <input type="checkbox"/> U.S. M. Gallisepticum Clean | <input type="checkbox"/> U.S. Salmonella Monitored |
| <input type="checkbox"/> U.S. M. Synoviae Clean | <input type="checkbox"/> U.S. Avian Influenza Clean |
| <input type="checkbox"/> U.S. M. Meleagridis Clean | <input type="checkbox"/> U.S. H5/H7 AI Monitored |
| <input type="checkbox"/> U.S. S. Enteritidis Clean | <input type="checkbox"/> U.S. H5/H7 AI Clean |
| <input type="checkbox"/> Other (please explain) _____ | |

After completion by the official state agency, please forward to the Manhattan, Kansas KDA office listed above, by fax at (785)564-6778 or via email to kda.poultry@ks.gov.

Signature-Official State Agency

Date

Title-Official State Agency

NOTE: Any permit issued on the basis of this application is valid only for the items checked above. Submit original and keep a copy for your files. Application must be properly endorsed by state NPIP representative.