



APPLICATION TO IMPORT LIVE ANIMALS (EXCEPT CATS AND DOGS)

A person who wishes to import any controlled commodity into the Islands must apply to the Animal Health Service Department for an import permit and pay the prescribed fee, *the Animal Health Ordinance, Section 34 (1)*. The information you provide to the Animal Health Services Division (AHSD) on this application form and associated documents are collected under the authority of the *Animal Health Ordinance 2012, Section 35 (2)*, for the sole purpose of issuing an import permit. **PLEASE READ THIS APPLICATION THOROUGHLY BEFORE COMPLETING.**

The information to be provided in this application must be typed or written legibly in block capitals. Applying for an import permit is only part of the import procedure. Please read and ensure compliance with the import conditions for each type of controlled commodity and return this application along with copies of all the required documentation for importation. **The AHSD requires a minimum of two (2) working days to process applications and we recommend applying well in advance of the minimum time.** Failure to submit all application documents may delay processing time. The AHSD retains the right to refuse any application.

<p>I am applying for (please select only one):</p> <p><input type="checkbox"/> A Single Entry (Definitive) permit</p> <p><input type="checkbox"/> An amendment </p>	<p>I am seeking permission to import (please select only one):</p> <p><input type="checkbox"/> Bees and Brood Combs <input type="checkbox"/> Birds <input type="checkbox"/> Cattle</p> <p><input type="checkbox"/> Day-old Poultry Chicks/Hatching Eggs <input type="checkbox"/> Horses <input type="checkbox"/> Pigs</p> <p><input type="checkbox"/> Small Ruminants (sheep and Goats)</p> <p><input type="checkbox"/> Other _____</p>
FOR OFFICIAL USE ONLY	

SECTION A Importer/ Exporter Details	1.a. Name of Importer/Consignee			2.a. Name of Exporter/Consignor		
	1.b. Street Address			2.b. Street Address		
	1.c. City/Settlement		1.d. Country	2.c. City/Settlement		2.d. Country
	1.e. Postal/Zip Code	1.f. Telephone	1.g. Telefax	2.e. Postal/Zip Code	2.f. Telephone	2.g. Telefax
	1.h. Email Address			2.h. Email Address		
	3. Agent Details for Importer (where applicable)			Agent's Address		Agent's Telephone Number

SECTION B Details of Animals					
4. Country of Origin (if different than country of export)			5. Place of Origin		
6. Country of Export			Name:		
7. Zone /Compartment of Origin (where applicable)			Address:		
8. Total Quantity		9. Total Number of Packages	Official Registration/Approval Number:		
10. CITES Permit Numbers (where applicable)					
1.	2.	3.	4.	5.	6.
11. Intended Use of Commodity (Please select only one)					
<input type="checkbox"/> Breeding/Rearing <input type="checkbox"/> Exhibition/Education <input type="checkbox"/> Pet <input type="checkbox"/> Research <input type="checkbox"/> Slaughter <input type="checkbox"/> Wild Life Management <input type="checkbox"/> Other _____					

12. Insert the descriptive details of the animals (complete the table). You may attached an additional sheet where required.

Name <i>(where applicable)</i>	Species	Breed	Sex	Age/DOB dd/mm/yyyy	System of Identification <i>(please choose only one)</i>
					<input type="checkbox"/> Ear Tag <input type="checkbox"/> Leg Band <input type="checkbox"/> Microchip <input type="checkbox"/> Tattoo <input type="checkbox"/> Other
					Identification Number
1.a.	1.b.	1.c.	1.d.	1.e.	1.f.
2.a.	2.b.	2.c.	2.d.	2.e.	2.f.
3.a.	3.b.	3.c.	3.d.	3.e.	3.f.
4.a.	4.b.	4.c.	4.d.	4.e.	4.f.
5.a.	5.b.	5.c.	5.d.	5.e.	5.f.

SECTION C Shipping Details	13. Place of Shipment	14. Port of Entry	15. Date of Arrival (dd/mm/yyyy)	16. Time of Arrival
	17. Carrier/Vessel/ Flight Number (insert tail # for private aircraft)		18. Container ID/Seal Number(s) (where applicable)	

SECTION D Applicant/ Importer Declaration	Your application will not be processed if it is returned unsigned		
	I/we:		
	<input type="checkbox"/> Declare that the information provided in this application is true and accurate to the best of my knowledge; and <input type="checkbox"/> Agree to pay the permit fee (where applicable), regardless of issue status, and all costs associated with the importation of the controlled commodities listed on this application.		
Name	Signature	Date (dd/mm/yyyy)	

SECTION E Checklist and Addenda	<i>Please complete the checklist below</i>	
	Please check that, where applicable , you have: <input type="checkbox"/> Attached an existing permit (when applying for amendment) <input type="checkbox"/> Attached the required documentation (lab tests, international health certificates, vaccination Records, etc.) <input type="checkbox"/> Attached the appropriate completed addendum _____ for the controlled commodity being imported _____	ADDENDA <input type="checkbox"/> Addendum to this application for Horses <input type="checkbox"/> Addendum to this application for Pet Birds <input type="checkbox"/> Addendum to this application for Pet Rabbits

WARNING: If any person counterfeits or falsifies any document which is required by or under any enactment relating to an assigned matter or which is used in the transaction of any business relating to any assigned matter; knowingly accepts, receives or uses any such document so counterfeited or falsified; alters any document after it is officially issued; or counterfeits any seal, signature, initials or other mark of, or used by, any officer for the verification of such a document or for the security of goods or for any other purpose relating to an assigned matter; he shall be guilty of an offence and liable on conviction to a fine not exceeding \$20,000 or imprisonment for two years or both, and may be arrested (Section 128 Customs Ordinance).	
Please remit the completed application (preferable via email) to: DEPARTMENT OF AGRICULTURE ANIMAL HEALTH SERVICES DIVISION BUTTERFIELD SQUARE, 16 PARADE AVENUE PROVIDENCIALES, TURKS AND CAICOS ISLANDS Email: agriculture@gov.tc Telephone: 1.649.946.5801 Telefax: 1.649.941.7587	Following approval, you are required to retrieve your original import permit from the Department at the adjacent address.

FOR OFFICIAL USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.			
Name of receiving officer	Signature	Name of officer processing permit	Signature
Date Received	Time Received	Date Processed	
Are there import conditions for this import? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____	APPROVE PROCESS PERMIT IRA	Name of Approver (Animal Inspector)	Signature