

## APPLICATION FOR EXPORT HEALTH CERTIFICATE

☐ Animal Product/By/ Product ☐ Vacc	ccines/Biologicals
☐ Live Animals ☐ Hato	ching Eggs/Eggs
Name of Exporter:	Importing Country:
TRN# TCC#	Name of Importer:
Address of Exporter:	Address of Importer:
Telephone#:	State/Province:
Fax#:	Estimated Departure Date:
Port of Departure:	Applicant's Name:
Application Date/Time:	Applicant's Signature:
Description of Export (including quantity, animal original property)	gin, identification #, species, breed, gender, age, etc)
	(Please attach additional information, if necessary)
NB: Import Permit need to be submitted in order to satisfy Importing Country's requirements	
FOR OFFICIAL USE ONLY	
EXPORTING REQUIREMENT ATTAINABLE? [	□Yes □ No
CERTIFICATE APPROVED FOR PREPARATION	7 🗆 Yes 🗆 No
APPOINTMENT DATE	VO/ INSPECTOR ASSIGNED
SIGNATURE OF VEIWING VETERINARIAN	