

**2023-2024 Application to Import Poultry and/or Hatching Eggs into Minnesota  
Annual Permit (Expires August 31, 2024)**

**SECTION I. APPLICANT INFORMATION**

Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please indicate how you'd like your permit sent to you:**                      Mailed                      Emailed

I request permission to ship the following types of poultry into the state of Minnesota (check all that apply):

**Chickens**

Commercial egg-type:	Hatching Eggs	Chicks	Chickens
Commercial meat-type:	Hatching Eggs	Chicks	Chickens
Backyard and/or exhibition:	Hatching Eggs	Chicks	Chickens

**Turkeys**

Commercial:	Hatching Eggs	Poults	Turkeys
Backyard and/or exhibition:	Hatching Eggs	Poults	Turkeys

**Other**

Waterfowl and/or Upland Game Birds:	Hatching Eggs	Baby Poultry	Adult Poultry
Backyard and/or exhibition:	Hatching Eggs	Baby Poultry	Adult Poultry

I have read and agree to abide by the import requirements for poultry and hatching eggs set forth by the Minnesota Board of Animal Health. I am a participant in the National Poultry Improvement Plan or equivalent poultry disease program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NPIP #: \_\_\_\_\_

**\*\*\* SUBMIT TO YOUR OFFICIAL STATE AGENCY THAT ADMINISTERS THE NPIP PROGRAM TO COMPLETE SECTION II \*\*\***

**SECTION II. TO BE COMPLETED BY NPIP STATE OFFICIAL**

NPIP NUMBER: \_\_\_\_\_

The applicant listed above is an NPIP or equivalent poultry disease program participant and has obtained classification in the following disease programs:

- |                                   |                                     |                                      |
|-----------------------------------|-------------------------------------|--------------------------------------|
| U.S. Pullorum-Typhoid Clean       | U.S. Mycoplasma Gallisepticum Clean | U.S. Avian Influenza Clean           |
| U.S. Salmonella Enteritidis Clean | U.S. Mycoplasma Synoviae Clean      | U.S. H5/H7 Avian Influenza Clean     |
| U.S. Salmonella Monitored         | U.S. Mycoplasma Meleagridis Clean   | U.S. H5/H7 Avian Influenza Monitored |
| U.S. Sanitation Monitored         |                                     |                                      |

State Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Please forward to the Minnesota Poultry Testing Laboratory at [poultry@state.mn.us](mailto:poultry@state.mn.us).

OFFICE USE ONLY	
PREM ID	
Approved	
BAH Initials	
Permit Number	