



Section 1 – Applicant

Company: _____ Name: _____

Address:

Street: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Mobile: _____ Fax: _____

E-mail: _____

I hereby apply to the Iowa Poultry Association for permission to ship the following into the state of Iowa. Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Egg-type chicken hatching eggs | <input type="checkbox"/> Meat-type chicken hatching eggs |
| <input type="checkbox"/> Turkey hatching eggs | <input type="checkbox"/> Meat-type chicks |
| <input type="checkbox"/> Waterfowl hatching eggs | <input type="checkbox"/> Game birds less than 8 weeks |
| <input type="checkbox"/> Exhibition hatching eggs | <input type="checkbox"/> Exhibition birds less than 8 weeks |
| <input type="checkbox"/> Game bird hatching eggs | <input type="checkbox"/> Waterfowl less than 8 weeks |
| <input type="checkbox"/> Egg-type chicks | <input type="checkbox"/> Turkey poult *Must be MG Clean |

Other _____

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

 Signature of Breeder or Owner

 Date

 Pleasetype or print the above name

 NPIP Number

Section 2 – NPIP State Agent

NPIP State Agency: The status of the above checked products must be indicated below or permit will not be processed. The above applicant is a NPIP participant and has obtained a classification in the following diseases:

- | | |
|--|--|
| <input type="checkbox"/> U.S. Pullorum-Typhoid Clean State | <input type="checkbox"/> U.S. Pullorum-Typhoid Clean |
| <input type="checkbox"/> U.S. M. Gallisepticum Clean * | <input type="checkbox"/> U.S. M. Synoviae Clean |
| <input type="checkbox"/> U.S. Sanitation Monitored | <input type="checkbox"/> U.S. H5/H7 Avian Influenza |
| <input type="checkbox"/> U.S. SE Clean | <input type="checkbox"/> Clean |

Other _____

*MG Clean is required to ship turkeys into Iowa.

 Signature of NPIP Official State Agent

 Date

 Title

OFFICE USE ONLY
 PermitNo.: 11- _____
 Expires: 06/30/2024