

MEMO TO: Parties Shipping Eggs and Poultry into Nebraska

FROM: Mr. Chris Kort, Agriculture Program Specialist
Nebraska Department of Agriculture

SUBJECT: Permit to Ship Eggs/Poultry into Nebraska

Enclosed is an Application for an Annual Permit to Ship Poultry and/or Hatching Eggs into Nebraska. Please complete Section I and forward the application to your state poultry agency. The state poultry agency representative should complete Section II and return the application to the Nebraska Department of Agriculture.

Nebraska requirements for importation of hatching eggs and/or poultry of all ages are:

- National Poultry Improvement Plan (NPIP) participant:
 1. Be accompanied by a VS Form 9-3; and
 2. Obtain a pre-assigned, Out-of-State Annual Poultry Permit; and
 3. Originate from NPIP participating flocks, hatcheries, or dealers.

- Non NPIP participant for birds over eight weeks of age:
 1. Accompanied by a CVI; and
 2. Obtain a permit for entry; and
 3. Be tested negative for pullorum and typhoid within 90 days of importation.

Thank you for your cooperation.

Enclosure

2023-2024 Application for a Permit to Ship Poultry and/or Hatching Eggs into Nebraska

Nebraska Department of Agriculture
Animal and Plant Health Protection
P.O. Box 94787
Lincoln, Nebraska 68509-4787
(402) 471-2351
www.nda.nebraska.gov

SECTION I *(to be completed by shipper)*

OFFICE USE ONLY	
PERMIT #:	EXPIRES:

I (We), _____, _____
Name Route or Street

_____, _____ NPIP Approval Number: _____

City State Zip
Phone No.: (____) _____ Email: _____

hereby apply for permission to ship the following into Nebraska *(check the desired boxes)*:

- Chicken hatching eggs
- Turkey hatching eggs
- Exhibition hatching eggs
- Game bird hatching eggs
- Waterfowl hatching eggs
- Other (please explain)
- Chickens
- Turkeys
- Pullets
- Poults
- Exhibition birds
- Waterfowl
- Game birds

Signature (must be owner or officer) Date

* * * * * **FORWARD TO THE DISEASE CONTROL AGENCY IN YOUR STATE** * * * * *

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

Please provide all information requested to avoid additional correspondence and delay in issuing permit. Choose either (a) or (b) and check applicable box(es).

- (a) This applicant is a national plan participant and has obtained a classification for the following disease(s);
 Pullorum-typhoid; or
- (b) Pullorum-typhoid classification is equivalent to U.S.-approved clean.

Signature and title of state official of origin Date

* * * * * **RETURN APPLICATION TO THE NEBRASKA DEPARTMENT OF AGRICULTURE** * * * * *

Signature of Nebraska Department of Agriculture representative Date