

# Permitting Procedure for Importation of Poultry, Hatching Eggs or Poultry Waste from Highly Pathogenic Avian Influenza (HPAI) States

Only poultry or hatching eggs moving into New Jersey live bird markets, [from HPAI states](#), require a permit and 72 hour test. The collection date, collection time, laboratory result, laboratory accession number and laboratory name must be recorded on the CVI accompanying the shipment. A copy of the laboratory report must also accompany the shipment.

No poultry waste shall be imported [from HPAI states](#), without prior approval and permit issued by the State Veterinarian.

For information about testing please refer to the N.J.A.C. 2:3-7.4 (b) at the link below:

<http://www.nj.gov/agriculture/divisions/ah/pdf/NJACChapter3.pdf>

## **STEP ONE:**

Print and complete the form below and send to the Division of Animal Health by email or fax.

Email – [state.veterinarian@ag.state.nj.us](mailto:state.veterinarian@ag.state.nj.us)

Fax – 609-671-6413

This form is to be used to facilitate the receipt of information. **Submission of this form is not a permit for movement.**

## **STEP TWO:**

Call the Division of Animal Health at **609-671-6400**, Monday through Friday, with the exception of holidays, from 8:45 AM to 4:45 PM (EST), to confirm the Division's receipt of the information.

## **STEP THREE:**

If the application is complete, a permit number will be issued and a copy of the completed form with permit number will be emailed or faxed back to the requester.

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State of New Jersey

Department of Agriculture – Division of Animal Health  
PO Box 330 Trenton NJ 08625-0330  
<http://www.state.nj.us/agriculture>

For official use  
Permit #

## HPAI Permit Request Form

### Caller/Requester Information

Name		
Phone numbers	Phone:	Fax:
Email address		
Relationship to shipment (producer, office clerk...)		

### Shipment Origin

Premises name				
Name of person responsible for the shipment				
Phone numbers	Phone:		Fax:	
Premises mailing address	Number	Street name	City	Zip Code
Premises ID or GPS coordinates				
Premises physical location (if different from mailing address)	Number	Street name	City	Zip Code
Premises ID or GPS coordinates				

### Shipment Information

### Quantity

### Shipment date

Live poultry		
Hatching eggs		
Poultry waste		

### Shipment Destination

Premises name				
Name of person responsible for the shipment				
Phone numbers	Phone:		Fax:	
Premises mailing address	Number	Street name	City	Zip Code
Premises ID or GPS coordinates				
Premises physical location (if different from mailing address)	Number	Street name	City	Zip Code
Premises ID or GPS coordinates				

### Applicant's signature

The undersigned hereby applies for a permit to import poultry waste, live poultry or hatching eggs. In signing this form, I certify the responses/entries are true. I am aware if any of the responses/entries are willfully false, I am subject to punishment. I certify that I will comply with all required New Jersey and federal animal health laws, regulations, and directives. I will notify the New Jersey Department of Agriculture of any change in the foregoing information before shipping and changes in shipment origin, information and/or destination require a new permit request.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Name (Print)

\_\_\_\_\_ Applicant's Signature