

POULTRY INSPECTION CERTIFICATE

For Poultry Entering the New York and New Jersey Live Bird Marketing System

AVIAN INFLUENZA FLOCK QUALIFICATION TO ACCOMPANY PERMIT

SECTION A: FLOCK INFORMATION

1. State Of Origin: _____ 2. Flock Premises ID: _____
3. Flock Owner: _____
4. Address Of Flock: _____
5. Phone Number of Flock Owner/Manager: _____
6. Type of Poultry That Qualify for Movement (Quantity, Type, Weight, Color, Age, Etc.):

SECTION B: TESTING INFORMATION

The above identified flock has been established for a minimum of twenty-one (21) days and no birds have been added to this flock or have had contact with this flock during this twenty-one (21) day period, then thirty (30) birds were randomly sampled and tested negative for Avian Influenza by PCR within 72 hours prior to the time of movement. No poultry have been added to this flock or have had contact with this flock after testing and prior to movement. If the flock contains less than thirty (30) birds, all birds within the flock must be tested. This certificate shall be accompanied by a copy of the finalized laboratory report indicating the poultry tested negative for avian influenza.

7. Number of Samples Collected: _____ 8. Sample Collection Date/time: _____
- 9a. Lab Name: _____ 9b. Lab Accession #: _____

THIS CERTIFICATE IS VALID FOR 72 HOURS FROM # 8 AND EXPIRES AT time **ON** date

SECTION C: OFFICIAL/TESTER CERTIFICATION

I certify that I have sampled thirty (30) random birds from the above identified flock and I have inspected the flock as described to me above and no signs of clinical disease were observed and the birds tested negative for Avian Influenza.

10. Tester Signature: _____
11. Printed Name: _____
12. Phone: _____
13. Date: _____
14. I am a (check one): ☐ State Official ☐ Federal Official ☐ Accredited Veterinarian ☐ Authorized Tester (PA+MD ONLY)

SECTION D: FLOCK OWNER/MANAGER CERTIFICATION

I certify that the above identified birds have been established for a minimum of twenty-one (21) days and no birds have been added to this flock or have had contact with this flock during this twenty-one (21) day period and no poultry have been added to this flock or have had contact with this flock after testing and prior to movement.

15. Flock Owner/Manager Signature: _____
16. Printed Name: _____
17. Date: _____

All poultry moving into NJ live bird markets, from HPAI states, require a permit and 72-hour negative AI test. Instructions for obtaining a permit can be found at: <https://njdoa.prod.simpligov.com/prod/portal/ShowWorkflow/AnonymousEmbed/0b61cbd8-8776-4335-9c5f-90f47ca624cc>

PHOTOCOPIES ARE ACCEPTABLE

Revised March 4, 2025