Rheynn Chymmyltaght, Bee as Eirinys

Application Form for Export Certificate for Pigs

Export of Pigs Intended for Immediate Slaughter

Notes

- 1. Applications via e-mail (<u>agriculture@gov.im</u>) **must** be submitted to DEFA Agriculture Directorate **at least 3 working** days prior to the inspection.
- 2. Applications via post or fax (01624 685581) **must** be submitted to DEFA Agriculture Directorate **at least 4 working** days prior to the inspection.
- 3. Please complete this form fully using BLOCK LETTERS
- 4. The completed application form should be returned to DEFA Agriculture Directorate as above
- 5. Incomplete, illegible or unsigned application forms will be returned.
- 6. Health Certificates can only be issued to the official veterinarian and not to the exporter or agent

Completed form should be sent to:

Department of Environment, Food & Agriculture Agriculture Directorate Thie Slieau Whallian Foxdale Road St. Johns IM4 3AS

| Part 1: Details of consignment | | | | | |
|--------------------------------|-----------------------------------|----------------------------|-----------|--|--|
| 1. Consignor: (Exporter) | | | | | |
| 1. | Surname Christian Name(s) | | | | |
| | Title | Mr, Mrs, Ms, Miss or other | | | |
| | | | | | |
| 2. | Business Name | | | | |
| 3. | Private Address | | | | |
| | | | | | |
| | | | Postcode: | | |
| | | | Fostcode. | | |
| 4. | Telephone Number: | Home: N | 1obile: | | |
| 5. | Address of Premises where animals | | | | |
| | are to be inspected if different | | | | |
| | from above: | | | | |
| | | | Postcode: | | |
| | | | | | |
| | | | | | |



| | nsignee: (Destination) | | | | | |
|--|--|------------------------------------|--|--|--|--|
| 6. Surname Christian Name(s) | | | | | | |
| | Title | Mr, Mrs, Ms, Miss or other | | | | |
| 7 | Address | | | | | |
| /. / | Address | | | | | |
| | | Destanda | | | | |
| | | Postcode: | | | | |
| 8. | Business Name | | | | | |
| 9. | Name & Address Premises of origin | | | | | |
| (| | | | | | |
| | | Postcode: | | | | |
| 10 | | | | | | |
| 10. | Telephone Number: | Home: Mobile: | | | | |
| | Destination Address (Slaughter | | | | | |
| House) in UK | | | | | | |
| | | | | | | |
| | | Postcode: | | | | |
| 12. | Number of approved collection centre in | n Isle of Man (if appropriate) No: | | | | |
| | | | | | | |
| | | | | | | |
| | Name of Transporter | | | | | |
| | DEFA/DEFRA Authorisation/Approval | Number of | | | | |
| | Haulier 15. Expected duration of intended journey | | | | | |
| 16. | 16. Description of means of Transport | | | | | |
| | 17. Registration number of the vehicle 18. Name of Veterinary Practice to do inspection | | | | | |
| 10.1 | Name of veterinary Fractice to do ins | | | | | |
| In accordance with Council Regulation (EC) 1/2005 on the protection of animals during transport for journeys (as reflected in the Welfare of Animals (Transport)(Isle of Man) Regulations 2007), an Animal Transport Certificate (ATC) is required to accompany the consignment. This can be any documents which indicate prescribed information. The information required is: Date & Time of departure; Full address of | | | | | | |
| place animals are loaded; Name & Address of owner of animals; Name of transporter; Address of destination and Expected duration of intended journey. | | | | | | |
| acocinat | ton and Expected duration of intend | | | | | |

Vehicles used to transport the pigs must be cleansed and disinfected with approved disinfectant both prior to loading and as soon as possible after unloading and before carriage of other animals (unless the same consignment is reloaded after a stop for welfare reasons).

18. Total Number of Animals

Part 2: Identification of the animals

| Official Ear Mark | Breed | Sex | Age |
|-------------------|-------|-----|-----|
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| Official Ear Mark | Breed | Sex | Age |
|-------------------|-------|-----|-----|
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Part 3: Declaration by the exporter/agent:

I, the undersigned exporter/agent of the exporter, confirm that the details given on this form are correct and complete to the best of my knowledge and belief and where required I agree to discharge the reasonable costs of the Department of Environment, Food & Agriculture in issuing the Export Health Certificate;

| Signature of exporter/agent | | | |
|-----------------------------|-------|---------|--|
| Name in block letters | | | |
| Date | | | |
| | | | |
| 19. Telephone Number: | Home: | Mobile: | |
| | | | |