

APPLICATION FOR VETERINARY HEALTH CERTIFICATION FOR THE EXPORT OF LIVE ANIMALS, GERMPLASM AND ANIMAL PRODUCTS TO MEMBER STATES OF THE EUROPEAN UNION

Notes

1. Applications may take up to 10 working days to process so please ensure that applications are submitted in good time.
2. Please read TRACES EXA Guidance Notes before completing this application form.
3. Please complete this form fully using BLOCK LETTERS.
4. The completed application form should be returned to your local Animal Health Divisional Office (see Appendix A of the TRACES EXA Guidance Notes).
5. Incomplete, illegible or unsigned application forms will be returned. It is especially important to give the full name, address and postcode of the Veterinary Surgeon at section I.32. as the health certificate will be issued to him or her for completion and not to the exporter or agent.

Part 1: Details of consignment

I.1. Consignor:

Name:	_____
Address:	_____ _____
Post code:	_____ E-mail address: _____ (Optional)

I.2. Certificate reference number:

1.2.a. Local reference number:

for office use only	for office use only
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I.3. Central Competent Authority: (i.e. Defra, SEERAD or NAWAD)

for office use only

I.4. Competent Local Authority: (i.e. name of issuing AHDO)

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I.5. Consignee:

Name:	_____
Address:	_____ _____
Post code:	_____

I.6. Numbers Of Related original certificates:

Number(s) of accompanying certificate(s)	Number(s) of accompanying document(s)
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I.7. Dealer:

Name:	Approval number:
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I.8. Country of origin:**I.9. Region of origin:**

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I.10. Country of destination:**I.11. Region of destination:**

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I.12. Place of origin/Place of harvest: (please circle *one* option)

Holding	Assembly centre	Dealer's premises
Approved body	Semen centre	Embryo team
Establishment	Other	
Name:	_____	
Address:	_____	

Post code:	Approval number:	

I.13. Place of destination: (please circle *one* option)

Holding	Assembly centre	Dealer's premises
Approved body	Semen centre	Embryo team
Establishment	Other	
Name:	_____	
Address:	_____	

Post code:	Approval number:	

I.14. Place of loading:**I.15. Date and time of departure:**

Post code:	
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I.16. Means of transport: (please circle *one* option)

Aeroplane	Ship	Railway wagon
Road vehicle	Other	

I.17. Transporter:

Name:	_____	
Address:	_____	

Post code:	_____	Approval number: _____
Member State:		

I.18. Animal species/Product:

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I.19. Commodity code (CN code)

if known (see Appendix B of TRACES EXA Guidance Notes)
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I.20. Number /quantity:

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I.21. Temperature product and semen: (please circle *one* option)

Ambient	Chilled	Frozen
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I.22. Number of packages:

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I.23. Identification of container/Seal number:

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I.24. Type of packaging:

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I.25. Animals certified as/products certified for: (please circle *one* option)

Breeding	Fattening	Slaughter	Transhumance	Approved body
Artificial reproduction	Registered equidae	Game restocking	Pets	Human consumption
Animal feedingstuff	Pharmaceutical use	Technical use	Other	

I.26. Transit through 3rd country: (tick here if applicable)

3rd country: _____
Exit point: _____
Entry point: _____

I.27. Transit through Member states: (tick here if applicable)

Member state: _____
Member state: _____
Member state: _____

I.28. Export: (tick here if applicable)

3rd country: _____
Exit point: _____

I.29. Estimated journey time:

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I.30. Route plan: (please circle *one* option)

Yes	No
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I.31. Identification of the animals: (tick here if continued on an attached Schedule of Identification)

please refer to TRACES EXA Guidance Notes for details of the required information

Note: in the case of 10 or more animals, please use a Schedule of Identification. Examples can be found at Appendix A and Appendix B

I.32. Nomination of Veterinary Surgeon:

Name:	_____
Address:	_____ _____
Post code:	_____
Tel No (including national dialling code):	_____
Fax No (including national dialling code):	_____

I.33. 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 for Environment, Food and Rural Affairs, Scottish Executive Environment and Rural Affairs Department and National Assembly for Wales Agriculture Department in issuing the Export Health Certificate and I understand that:

- it is my responsibility to check the certificate with any relevant import permit or advice given to me by the importing country;
- no liability for any losses incurred can be accepted by the Departments if the certificate issued does not meet the importing country's requirements;
- in the event of suspicion or confirmation of disease, after certification, it may be necessary for the Department to withdraw or cancel the health certificate without notice. No liability for losses incurred can be accepted by the Departments should these circumstances arise;
- where certificates for Veterinary Surgeon signature are sent to the premises of despatch or collected from Department Offices by any person other than the certifying Veterinary Surgeon, I undertake to ensure that the certificate will be held securely and delivered unopened to that Veterinary Surgeon;
- the information contained within this application may be disclosed to other competent veterinary authorities or used in the compilation of statistics.

I am the exporter / agent.

Signature of the exporter/agent: _____

Name: _____

Date: _____

Address: _____

Post code: _____

Tel No (including national dialling code): _____

Fax No (including national dialling code): _____

