SE	E INSTRUCTIONS ON REVERSE	. TYPE OR P	RINT CLEARLY.								
BUSINESS NAME				PERMIT TYPE (Check one)					PERMIT NUMBER		
			☐ RESTRICTED SPECIES ☐ FALLOW DEER FARMING								
FIR	RST NAME	M.I.	LAST NAME				E-MAIL ADDRE	SS (Volu	ntary)		
MAILING ADDRESS						FAX NUN	MBER (Voluntar	у)	DAY TELEPHONE		
CIT	TY					STATE	ZIP COD	E	EVENING TELEF	PHONE	
PR	OVIDE DETAILS OF ANIMALS TO	O BE ACQUIF	RED (Species, age	e, sex, number):							
<u></u>	IDDENT OWNED OF HED	<u> </u>									
	JRRENT OWNER OF HER	ע	I M.I.	LAST NAME					DAY TELEPHON	E	
1 111	OT NAME		IVI.I.	LAST NAME					DATTELLITION	· L	
MA	ILING ADDRESS										
1417	ILINO ABBILLOS										
CIT	ГУ							STATI	ZIP CODE		
NA	ME OF VETERINARIAN ISSUING	HEALTH CE	RTIFICATE				Iv	I ETERINA	I RIAN'S DAY TELE	PHONE	
СО	NDITIONS FOR IMPORTATION	OF CERVIDA	E INTO CALIFOR	RNIA							
1.	The herd of origin must have ur (SCT) test or a blood tuberculo California and shall have been after importation.)	osis (BTB) tes	st. All cervids six	months of age or	older, sl	nall be test	ed for tuberculo	osis withir	120 days prior to	entry into	
2.	The veterinarian issuing the health certificate shall attest that the animals being imported into California are not known to be infected with brucellosis and that the cervid(s) have not been in contact with animals of unknown brucellosis status. Cervids six months of age or older shall be tested for brucellosis within 30 days prior to entry into California.										
3.	A copy of the official results from methods used and the results for	m tests condu or each cervid	cted in the state shall be included.	of origin shall be s	ubmitted	with the Ce	ervidae Importa	tion Applic	cation. Information	on the test	
4.	The California Department of F believe other diseases, parasite									reason to	
5.	An approved copy of this applica										
	ertify that all information on this ap	plication is tru	e and correct. I fu	ırther certify that I v	vill abide	by the con	ditions set forth	above.	LDATE		
	SNATURE								DATE		
<u>X</u>			DI IEE IIOE O								
	OR DEPARTMENT OF FISI		_								
ST	ATUS OF APPLIATION (CHECK	ONE	☐ APPROVED	DENI	IED*	☐ HOLE	O*				
*RE	EASON										
							<u> </u>				
סר	VIEWED DV: (Mildlife in realization	un I ohl							DATE		
Γ	VIEWED BY: (Wildlife investigation	III Lau)							DATE		

INSTRUCTIONS FOR COMPLETING THE CERVIDAE IMPORTATION APPLICATION

Use this form to request importing cervidae into California. Incomplete applications will be returned and may delay the reviewal of your importation application. Please allow four to six weeks for processing your application. For more information on cervidae importation, please contact the California Department of Fish and Wildlife, Wildlife Investigations Lab at (916) 358-2790.

- 1. Complete all items.
- 2. Sign and date the application.
- 3. Provide a copy of the official test results.
- 4. Mail all copies of this application and official test results to the California Department of Fish and Wildlife, Wildlife Investigations Lab, 1701 Nimbus Road, Suite D, Rancho Cordova, CA 95670.
- 5. A signed copy will be returned to you by the Department.