

## SWINE IMPORTATION APPLICATION

Project/Client # (Office Use Only):

### IMPORTER

Name of Applicant

Mailing Address

Village/Town/ City

Province

Postal Code

Telephone

Fax

Email

Name of Location of Destination Farm

Farm Premise Identification Number

### TRANSPORTER

Business Name

Mailing Address

Village / Town / City

Province

Postal Code

Telephone

Fax

Email

Driver's name

Truck & Plate number

Trailer & Plate Number

### EXPORTER of SWINE

Name

Mailing Address

Anticipated Date of Importation to PEI

Total Number of Swine to be Imported

**A permit may be issued after a Health Certificate and test results have been received by the Department. This permit will be valid for only 30 days following the date on which the diagnostic samples were taken.**

**Attach a list of ear tag identification numbers for all swine that will be imported on the application.**

**I agree to comply with the terms and conditions of the Importation Permit and to ensure that the operator of the vehicle transporting the swine is properly informed of all obligations, relevant regulatory provisions and relevant terms of the Importation Permit.**

\_\_\_\_\_  
Name of Applicant/Signing Officer (Please print)

\_\_\_\_\_  
Signature of Applicant/Signing Officer

\_\_\_\_\_  
Date

Submit completed application:

Email: [opv@gov.pe.ca](mailto:opv@gov.pe.ca)

or

Mail: Office of the Provincial Veterinarian  
Department of Agriculture and Land  
11 Kent St. Charlottetown, PEI  
C1A 7N8