



## **Permit Issuance for Poultry, Domestic Fowl, and Hatching Eggs from an Avian Influenza Affected State**

Effective January 19, 2016

Iowa Administrative Code, chapter 65, requires the following regarding states that are affected with avian influenza, H5 or H7:

*b.* Importations from an Avian Influenza (AI) - or Exotic Newcastle Disease (END)-affected state.

- (1) Approval. All domestic fowl, live poultry or poultry products from an AI- or END-affected state(s) may be considered for importation on a case-by-case basis following a risk assessment.
- (2) Documentation. Poultry or poultry products must originate from a flock that is classified as AI clean under provision of the NPIP. The CVI must indicate that the poultry or poultry products originate from an AI- or END-negative flock and include a description of the birds, the test date, test results, and the name of the testing laboratory.
- (3) Pre-entry permit. All domestic fowl, live poultry or poultry products originating from an AI-or END-affected state must have a pre-entry permit issued by the state veterinarian.
- (4) Domestic fowl, live poultry or poultry products originating from a quarantined area shall not be allowed entry into the state.

To receive a permit for the movement of poultry from an AI or END affected state, you must:

1. Complete both a risk assessment survey and a permit application form,
2. Perform the tests as required by IDALS, resulting in negative results, and provide test results to IDALS  
(testing requirements will meet a minimum requirement of a negative PCR test\* and a negative serology test\*\* within 24 hours of shipment with the possibility of increased testing requirements not to exceed the secure food supply requirements\*\*\*), and
3. A company representative with signatory authority to execute documents on behalf of the company applying for the permit, must sign the risk assessment survey and permit application form.
4. Once the permit is issued, the movement permit will expire four days after the samples are collected for the required tests. The date will be listed on the permit.

\* - Swabs from a minimum of 5 fresh mortalities, euthanized sick birds, or sick birds from each house on premise. The five swabs in each barn may be pooled into one tube of BHI broth. Samples from different barns may not be pooled. RRT-PCR is the test to run on pooled sample.

- \*\* - Blood samples will be drawn from 11 birds per barn for serologic testing. Acceptable serologic tests will include ELISA, AGID, or an approved antibody test for avian influenza at a NAHLN lab.
- \*\*\* - Secure Food Supply Plans can be found at <http://www.cfsph.iastate.edu/Secure-Food-Supply/index.php>

**Risk Assessment Survey questions:**

1. What is the contact information, including 911 address, county, and the premise identification number (PIN) of the site that the poultry or poultry products will be shipped from? (PIN refers to a state or federally issued premise identification number.)

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2. How many poultry barns/facilities are on the premise in the AI-affected state, and type of barns/facilities? *If this premise is a hatchery and has no poultry breeders on the premises, please answer all questions but pay special attention to question 11.*

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3. Does this flock have an AI clean or monitored status?    No    Yes  
 If yes, please provide NPIP number and date of last test to gain or maintain AI clean or monitored status.

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4. Is this premise(s) located in a known 10 km AI control zone?    No    Yes

5. Does this premise have any associations with any premises that are infected with AI or premises that are located in a 10 km AI control zone?    No    Yes

6. Does the owner of this premise(s) or the owner of the poultry/poultry products on this premise(s) have any relationship to any other premises that have poultry/poultry products on them?    No    Yes  
 If yes, what is the AI status of all associated premise(s)? \_\_\_\_\_

7. Have you received any poultry/poultry products on to this premise(s) in the last 3 weeks?    No    Yes  
 If yes, from where and what is the avian influenza status of this source? \_\_\_\_\_

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8. Have you received feed on to this premise in the last 3 weeks? No Yes  
If yes, from where and does this source also provide feed within a 10 km AI control zone?

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9. Has any equipment been on this premise(s) in the last 3 weeks come from an outside source/location (not equipment that only stays on this premise(s))? No Yes  
If yes, where did it originate from and what is the AI status of this source?

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10. Have any people been on this premise in the last 3 weeks that would have been on any premise with poultry/poultry products within 24 hours prior to coming? No Yes  
If yes, what is the AI status of the other premise(s)? \_\_\_\_\_

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11. Have there been any other premise visits/deliveries to this premise that have not already been mentioned? No Yes  
If yes, what are they and are there any direct contacts/relationships to premises with poultry? \_\_\_\_\_

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What is the AI status of the premise(s) and were any of the premises located in the 10 km AI control zone?

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12. Does this hatchery only receive hatching eggs from source flocks that have a NPIP Avian Influenza Clean Status? No Yes  
If yes, please provide a list of all 911 addresses and the PIN (state or federally issued premise identification number) of all source flocks.

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13. The source flocks providing hatching eggs to this hatchery have also agreed that they will notify the hatchery immediately in the event of any abnormal mortality in the breeding flock. No Yes  
(Testing of the source flocks will be based on the preceding information.)

**Avian Influenza Information Verification  
Authorized Agent Signature**

By signing this form, I am agreeing that:

1. The answers to the survey have been answered correctly to the best of my ability and that I am not withholding any information related to this premise in regards to avian influenza or any other disease.
2. No abnormal mortality has occurred on this farm in the last 3 weeks or any other signs of avian influenza.
3. If any rise in mortality or signs of avian influenza should occur after pre-movement testing is done, I will stop the shipment.
4. I certify that the poultry will be shipped in equipment/vehicles that have been cleaned and disinfected prior to loading.
5. I agree to all terms on the permit issued to this premise.

Formal legal name of entity making permit application:

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Formal title of individual executing permit application:

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_