

Animal Services Division PO Box 42577 Olympia, WA 98504-2577 ahealth@agr.wa.gov

Application for Movement Permit — Shell Eggs

** Please send completed forms to ahealth@agr.wa.gov **

Company:				Date:		
Origin:				Premise ID #:		
Destination:				Premise ID #:		
Product: Nest r		Washed and sanitized				
Reason for moveme	ent: Direct to ma	arket Other:				
Flock Name	Sample ID 1	Sample ID 2	Flock Name	Sample ID 1	Sample ID 2	
Shell eggs at Premises de Truck and d Flock produ Product spe Shell eggs at Two PCR ne * Application	re moving from a pre- esignation river biosecurity is in ction parameters are cific biosecurity is im re held for 2 days gative test results for on is valid only if neg	nplemented e normal nplemented or HPAI (each house, gative test results ar	tional Premises with one test or e attached	ID Number and which r	er)	
Premises Manager Name		F	Premises Manager Signature		Date	
WSDA Approval Authority Name		WSE	VSDA Approval Authority Signature		Date	
			WSDA Staff Only		nly	
				Number:		
			cc: producer, WSDA, State of destination, EMRS			

Permit Number						
Truck route acceptable to regulatory officials:						
Yes No						
Transit Biosecurity Requirements						
* Trucks must be Cleaned and Disinfected prior to leaving premises if vehicle crosses the LOS.						
* Truck drivers must wear disposable plastic boots or rubber boots that can be disinfected if they get out of the						
vehicle. Plastic boots may be disposed of on the premises.						
Notes						