

INFORMATION THAT IS REQUESTED ON THE APPLICATION FORM

**APPLICATION TO IMPORT ANIMALS, ANIMAL PRODUCTS, BIOLOGICS,
ANIMAL FEED AND VETERINARY DRUGS INTO BELIZE**

APPLICANT: Full name and complete address of the APPLICANT (should include Fax/Tel/E-mail)		Date of the Application:			
		Signature of the Applicant:			
IMPORTER: Full name and complete address of the IMPORTER (should include Fax/Tel/E-mail)		EXPORTER: Full name and complete address of the EXPORTER (should include Fax/Tel/E-mail)			
Country:	Origin:	Port of Entry			
	Procedence:				
	Final destination:				
DESCRIPTION OF PRODUCT (tick whichever one is applicable) <input type="checkbox"/> Live animal <input type="checkbox"/> Animal product <input type="checkbox"/> Biologic <input type="checkbox"/> Animal feed <input type="checkbox"/> Veterinary drug	FINALITY (tick whichever one is applicable) <input type="checkbox"/> Breeding <input type="checkbox"/> Fattening <input type="checkbox"/> Slaughter <input type="checkbox"/> Animal use <input type="checkbox"/> Show/circus/zoo <input type="checkbox"/> Research <input type="checkbox"/> Human use <input type="checkbox"/> Processing <input type="checkbox"/> Pet Animal	Means of conveyance <input type="checkbox"/> Air freight <input type="checkbox"/> Overland <input type="checkbox"/> Ocean freight <input type="checkbox"/> Mail <input type="checkbox"/> Courier		Any special reason for importation?	
COMMODITY: (other than live animal)	Quantity	Units	Packaging	Shelf stable	Value \$\$\$
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXX
COMMODITY: (live animal)	Name (Identification)	Breed	Sex	Age	Colour
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXX
COMMODITY: (Biologic, vet. drug)	Trade Name	Manufacturer	Active Ingredients	Quantity	Units

There is no guarantee that an import permit will be issued upon processing of the application. Before a permit is issued, it may be required to obtain approval from other Ministries, approve establishment/quarantine stations and/or conduct risk analysis including inspection at origin. Please allow a minimum of seven (7) days for the processing of applications.

OFFICIAL USE ONLY	
Receiving Officer Signature:	
Application processed by:	
Process permit: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Need quarantine approval: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
IRA required: YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Need License from MNR: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Other:	