



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Animal Industry  
Bureau of Animal Disease Control

**OFFICIAL AVIAN PERMIT**

Chapter 585.11, 585.145, F. S.  
5C-3.012 F.A.C.

**Contact:**

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**CERTIFICATE NO:**

-FL-  **VOID AFTER**

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

|   |   |   |
|---|---|---|
| <b>CONSIGNOR</b>  | <b>CONSIGNEE</b>  | <b>CARRIER</b>  |
| <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| Phone: _____  | Phone: _____  | Phone: _____  |
| Fax: _____  | Fax: _____  | Fax: _____  |
| <b>DATE PERMIT ISSUED</b>                               | <b>DATE OF ENTRY</b>                                    | <b>TYPE OF POULTRY PREMISES</b>                         |
| _____   | _____   | _____   |
| <b>NO. OF LOADS</b>                                     | <b>ROUTE</b>  | <b>MOVEMENT DOCUMENT</b>                                |
| _____   | _____   | _____   |
| <b>REMARKS</b>  | <b>DOCUMENT NUMBER</b>                                  |   |
| _____   | _____   |   |
| <b>SPECIES</b>  | <b>TYPE</b>   | <b>COUNT</b>  |
| _____   | _____   | _____   |

\*\*\*\*\*ADDITIONAL REQUESTED INFORMATION\*\*\*\*\*      \*\*\*\*\* FOR DEPARTMENT USE ONLY\*\*\*\*\*

Invoice Number: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Invoice Attached:  YES       NO

Disposition of Shipment: \_\_\_\_\_

Comments: \_\_\_\_\_

|  |  |
|--|--|
| Owner/Agent's Signature _____          | Date Received Shipment _____                           |
| FDACS Authorized Agent Signature _____ | <input type="text"/> a.m.<br><input type="text"/> p.m. |
|  | Date _____ Time _____<br>Visited Facility _____        |