



**WILTON SIMPSON
COMMISSIONER**

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

**APPLICATION FOR
NEGATIVE EIA TEST VERIFICATION CARD**

585.145, 585.671, F. S.; Section 5C-4.0016, F.A.C.

www.EquinePrograms@FDACS.gov/ai

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

Remit \$5.00 for *each* negative EIA card applying for Online at:
www.FDACS.gov/ai

- or -

Check or Money Order Payable to FDACS and remit to:
Equine Programs Office
407 South Calhoun St. Room 329
Tallahassee, Florida 32399-0800

OWNER/AGENT	DATE
MAILING ADDRESS	COUNTY
CITY, STATE, ZIP CODE	DAYTIME TELEPHONE NUMBER
SIGNATURE OF APPLICANT	

In accordance with the rules of the State of Florida, Section 5C-18, Florida Administrative Code, I hereby request Equine Movement Card(s) on the following Equine Infectious Anemia Laboratory Test:

NAME OF HORSE	Corresponding EIA LABORATORY ACCESSION NUMBER

- DOCUMENTS TO ACCOMPANY FEE:**
- a completed application
 - original(s) or legible photocopy(ies) of Equine Infectious Anemia Laboratory Test (VS Form 10-11) or color copy of electronic EIA test with digital images.
 - Digital image of L side, R side and front of horse(s) on CD

Org. Code: 42 09 02 01 000
OE: A2
Object Code: 001247 Fee: \$5.00