



NICOLE "NIKKI" FRIED  
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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(850) 410-0900 FAX: 410-0949

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CERTIFICATE NO:	
-FL- <input style="width: 80px;" type="text"/>	VOID AFTER <input style="width: 80px;" type="text"/>

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

**CONSIGNOR**

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**CONSIGNEE**

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**CARRIER**

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**DATE PERMIT ISSUED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE OF ENTRY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF POULTRY PREMISES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NO. OF LOADS**

**ROUTE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOVEMENT  
DOCUMENT**

**DOCUMENT  
NUMBER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIES**

**TYPE**

**COUNT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*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

Date

Time

Visited Facility

	a.m.
	p.m.