

APPLICATION FOR A PERMIT OR LICENCE TO IMPORT LIVE ANIMALS AND ANIMAL PRODUCTS

CONTACT DETAILS

Name, address and contact details of the person/company undertaking importation:				2. Name of person and Bailiwick destination address of premises if different to 1 :		
Tel: Email:	Post	tcode		Tel: Email:	P	ostcode
		pplicant to which sent if different		=		f origin (last location where tside of the Bailiwick):
	/ ANIMAL PROE	tcode DUCTS products to be im	nported	Tel: Email:	P	ostcode
Number					ac approp	riate age and sex, breed,
Number			colo	our, height and ic	dentification	on (e.g. sketch, photo, and, provenance.)
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IMPORTATION PURPOSE (Please tick a box)		Livestock		Pet Exhibition/S	Sport	Personal Consumption Other

TRAVEL ARRANGEMENTS

Date of Importation:	Time of Arrival:		
By Air			
Airport of Departure:	Airline and Flight Number:		
Amport of Beparture.	Author and Fight Namber.		
By Sea			
Port of Departure:	Ferry Company:		
Vehicle Registration Number or Foot Passenger:			
Signature of Applicant:	Date of Application:		
Completed applications should be returned to:	Raymond Falla House		
completed applications should be retained to.	PO Box 459		
	Longue Rue		
	St Martin's Tel: +44 (0) 1481 234567 Guernsey Fax: +44 (0) 1481 235015		
	GY1 6AF Email: agriculture@gov.gg		