According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0301. The time required to complete this information collection is estimated to average . 083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.							
UNITED STATES DEPARTMENT OF ANIMAL AND PLANT HEALTH INSPE VETERINARY SERVICE (USDA APHIS VS)	CTION SERVICE	AQUACULTURE FACILITY EXPORT REGISTRATION FORM			REGISTRATION NUMBER:		
PERSONNEL CONTACT INFORMATION							
NAME OF AQUACULTURE FACILIT	TY:						
ADDRESS OF FACILITY:	CITY:		STATE:	ZIP	:		
GPS COORDINATES, (if known)	I		WEBSITE OR E-MAIL:				
CONTACT PERSON AT FACILITY:			POSITION:				

E-MAIL:

DOES FACILITY MAINTAIN A VALID VETERINARY-CLIENT-PATIENT RELATIONSHIP										
NAME OF APHIS-ACCREDITED VETERINARIAN:										
PHONE:		E-MAIL FOR VETERINARIA	N:							
FACILITY INFORMATION										
TYPE OF FACILITY:	Flow-throug	h Recirculatio	n	Fresh wa	iter		Salt water			
WATER SOURCE:	Protected s	oring, well or bore hole		Surface	water					
	Other									
SPECIES OF AQUATIO	C ANIMALS CULTU	RED:								
ARE RECORDS MAINTAINED FOR REVIEW BY THE ACCREDITED VETERINARIAN AND APHIS, VS?										
DOES INFORMATION	INCLUDE:									
LOT IDENTIFICATION	S?		YES	NO NO	ANIMAL	_ SOURCES/S	UPPLIERS?	YES	NO	
					LIFEOT					

MOVEMENT HISTORY ON AND OFF FACILITY, INCLUDING TRANSFER PERMITS IF APPLICABLE?	YES NO	LIFESTAGES?	YES NO					
HEALTH STATUS, INCLUDING LABORATORY TESTING RECORDS?	YES NO	MORTALITY RECORDS?	YES NO					
OTHER PHYSICAL INFORMATION (numbers in lots, size, weight, etc.)?	YES NO	BIOSECURITY PROTOCOLS?	YES NO					
FOR OFFICIAL USE ONLY								
APHIS VS REVIEW PERFORMED BY (print)			DATE OF ON-SITE INSPECTION					
FACILITY APPROVED FOR USDA APHIS VS REGISTRATION:	YES NO							
SIGNATURE:			DATE:					

PHONE:

FAX: