

This document represents the information that would be collected and conveyed using EMRS.

Movement Permit Request Data Elements

Contact Information	
Request date:	
Name of person submitting permit request:	
Phone number:	
Email:	
Additional email (to email permit to):	
Product/Item and Movement Information	
Movement reason:	<i>Why item is being moved (e.g., direct to farm, direct to market, direct to pasteurization, direct to drying, direct to land application, direct to landfill, direct to rendering, etc.)</i>
Estimated initial shipment start date/time:	<i>Ex:(10/31/16 3AM)- this is the earliest requested time to start shipments. Request should be made 24 hr. in advance if possible</i>
Estimated final shipment end date/time:	<i>Ex: (11/30/16 6 AM)- this is the latest time that shipments will end.</i>
Estimated number of shipments:	<i>Shipment for poultry is defined as days that items will be moved between two premises, not truckloads moved each day. Shipments may not happen every day so, this gives the approver an idea of frequency of days that shipments will occur.</i>
Specific type of item to be moved:	<i>Non-pasteurized liquid egg, pasteurized liquid egg, nest run shell eggs, washed and sanitized shell eggs, wet eggshells, dry eggshells, inedible egg product, layer hatching eggs, broiler hatching eggs, turkey hatching eggs, layer day-old chicks, broiler day-old chicks, turkey day-old poults, layer pullets, broiler pullets, turkey poults, turkey brooders, broilers, turkeys, spent fowl (laying hens), spent layer breeders, etc.</i>
Class of Items to be moved:	<i>Groups of birds, eggs, etc.</i>
Item unit:	<i>Cases, pounds, head, etc.</i>
Estimated number of items by unit per shipment:	<i>How many head, cases, lbs. etc. (defined in item unit field) will be moved per shipment day.</i>
Origin Premises	
National premises ID number (PIN):	
From (name/farm name):	
Address:	
City, State, Zip:	
Is origin premises in a Control Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Destination Premises	
National premises ID number (PIN) <i>[if known and applicable]</i> :	
To (name/farm name):	
Address:	
City, State, Zip:	
Is destination premises in a Control Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is destination in the same Control Area as origin premises:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Certification	
I certify that the product/item specified above is moving from a premises that meets all Monitored Premises criteria.	
I certify that I am familiar with and have met permit guidance as required by the <i>State</i> for the product specified above.	
I certify that I am aware that there may be additional requirements for interstate movement (if applicable).	
Certified by (signature and date):	