



WILTON SIMPSON
COMMISSIONER

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

**PERMIT FOR APPROVED LABORATORY FOR
EQUINE INFECTIOUS ANEMIA TESTING**

Section 585.671, Florida Statutes
Rule 5C-18.003, Florida Administrative Code

Contact:

Equine Programs Office
Division of Animal Industry
407 South Calhoun Street
Tallahassee, FL 32399-0800
Phone: (850) 410-0900
EquinePrograms@FDACS.gov

www.FDACS.gov/AI

BUSINESS MAILING ADDRESS:

FDACS Number:	
Expiration Date:	

LOCATION ADDRESS:

**Florida Dept of Agriculture and Consumer Services,
Division of Animal Industry
Bureau of Animal Disease Control
Equine Programs Office
407 South Calhoun Street
Tallahassee, FL 32399-0800**

This annual Permit for Approved Laboratory for Equine Infectious Anemia Testing (lower part) MUST be posted at the LOCATION ADDRESS. For future correspondence, please make any needed corrections or changes to your business address and/or your location address and return the UPPER PORTION with corrections to:

CUT HERE



NICOLE "NIKKI" FRIED
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry

**PERMIT
FOR APPROVED LABORATORY FOR
EQUINE INFECTIOUS ANEMIA TESTING**

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FDACS #:	
Expiration Date:	December 31,
Fee Amount Paid:	\$
USDA Validation Number:	

**POST
PERMIT
CONSPICUOUSLY**

Permit for Approved Laboratory for Equine Infectious Anemia Agar Gel Immunodiffusion Testing is required of any laboratory testing blood samples from equine for Equine Infectious Anemia and may be revoked upon notice if conditions of the permit are violated.

**GOOD FOR
ONE LOCATION
ONLY**

THIS PERMIT IS ISSUED UNDER AUTHORITY OF Section 585.671, Florida Statutes AND Rule 5C-18.003, Florida Administrative Code TO:

State Veterinarian, Director
Division of Animal Industry