WILTON SIMPSON

COMMISSIONER

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

APPLICATION FOR EQUINE INTERSTATE PASSPORT CARD

* Not valid for change of ownership

585.145, 585.671, Florida Statutes 5C-3.003, Florida Administrative Code

EquinePrograms@FreshFromFlorida.com

OWNER/AGENT

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

 MAILING ADDRESS
 COUNTY

 CITY
 DAYTIME TELEPHONE NUMBER

 STATE, ZIP CODE
 SIGNATURE

In accordance with the rules of the State of Florida, Section 5C-3.003, Florida Administrative Code, I hereby request Equine Event Extension(s) on the following Official Certificate(s) of Veterinary Inspection:

Offic ia ICertificate of Veterinary Inspection	Number 1
Number 2	Number 3
Number 4	Number 5
NAME OF HORSE 1	LABORATORY EIA ACCESSION NUMBER 1
NAME OF HORSE 2	LABORATORY EIA ACCESSION NUMBER 2
NAME OF HORSE 3	LABORATORY EIA ACCESSION NUMBER 3
NAME OF HORSE 4	LABORATORY EIA ACCESSION NUMBER 4
NAME OF HORSE 5	LABORATORY EIA ACCESSION NUMBER 5
Documents To Accompany Fee	
A completed application.	
 Original(s) or legible photocopy(ies) of Official Certificate(s) of Veterinary Inspection(s). The original(s) or legible photocopy(ies) of the Equine Infectious Anemia test record(s) (VS Form 10-11), or color copy of electronic EIA test with digital images. Digital image of L side, R side and front of horse(s) on CD. 	ORG CODE: 42 09 02 01 000 OE: A2 OBJECT CODE: 001246 Fee: \$15.00/\$5.00

Remit \$15.00 for first equine; \$5.00 each additional equine on this application Application Fee Online at: www.FreshFromFlorida.com

- or -

Check or Money Order Payable to

Tallahassee, Florida 32399-0800

Equine Programs Office 407 South Calhoun St. Room 329

www.FreshFromFlorida.com/ai

FDACS and remit to:

DATE