|  |  |  |
| --- | --- | --- |
| **1 Applicant name and address (include phone and email)**  | **2 Date of Application (DD/MM/YYYY)** | **3 Signature of Applicant** |
|  |  |  |
| **4 Importer (name and address; include phone and email)** | **5 Exporter (name and address; include phone and email)** |
|  |  |
| 6 Country of Origin | 7 In Transit | 8 Procedence (Country of Export): | 9 Final Destination (address in Belize) | 10 Port of Entry |
|  |  |  |  |  |
| **11 DESCRIPTION OF PRODUCT** (tick whichever one is applicable) □Live animal □Animal product □Biologic □Animal feed □Veterinary drug | **12 FINALITY** (tick whichever one is Applicable) □Breeding □Animal use □ Show/circus/zoo □Research □Human use □Processing □ Pet Animal □Fattening □Slaughter  | **13 Means of conveyance**□ Air freight □Overland □Ocean freight □Mail □Courier | 14 Any special reason for importation? |
| **15 COMMODITY:** **(other than live animal)** | **16 Quantity** | **17 Units** | **18 Packaging** | **19 Shelf stable** | **20 Value****$$$** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **XXXXXXXXXX** | **XXXXXXXXX** | **XXXXXXXXX** | **XXXXXXXXX** | **XXXXXXXXX** | **XXXX** |
| **21 COMMODITY:** **(live animal)** | **22 Name (Identification)** | **23 Breed** | **24 Sex** | **25 Age** | **26 Colour** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **XXXXXXXXXX** | **XXXXXXXXX** | **XXXXXXXXX** | **XXXXXXXXX** | **XXXXXXXXX** | **XXXX** |
| **27 COMMODITY: (Biologic, vet. drug)** | **28 Trade Name** | **29 Manufacturer** | **30 Active Ingredients** | **31 Quantity** | **32 Units** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

33 There is no guarantee that an import permit will be issued upon processing of the application. Before a permit is issued, it may be required to obtain approval from other Ministries, approve establishment/quarantine stations and/or conduct risk analysis including inspection at origin. Please allow a minimum of seven (7) days for the processing of applications.

|  |
| --- |
| **34 OFFICIAL USE ONLY** |
| **35 Receiving Officer** | **36 Processed by:**  |
| **37 Process permit: □YES: □ NO** | **38 Need quarantine approval:** |
| **39 IRA required: □ YES: □NO** | **40 Need License from MNR: □YES □NO** |
| **41 Other:** |  |