



Belize Agricultural Health Authority

APPLICATION TO IMPORT ANIMALS, ANIMAL PRODUCTS, BIOLOGICS, ANIMAL FEED AND VETERINARY DRUGS INTO BELIZE

BAHA, P.O. Box 169 Phone: 501-824-4899/4872, Fax: 501-824-4889

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|---|--|
| Print Name, Complete Address of APPLICANT | Date of Application: |
| | Signature of applicant: |
| Print Name, Complete Address of IMPORTER | Print Name, Complete Address of EXPORTER |
| Telephone/fax: | Telephone/Fax: |

| | | |
|-------------------|--------------------|---------------|
| Country of Origin | In-transit Country | Port of Entry |
| | | |

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|---|--|--|--|
| Description of Product <input type="checkbox"/> Live animal <input type="checkbox"/> Animal Product <input type="checkbox"/> Biologic <input type="checkbox"/> Animal Feed <input type="checkbox"/> Veterinary drug | Finality <input type="checkbox"/> Breeding <input type="checkbox"/> Research <input type="checkbox"/> Fattening <input type="checkbox"/> Human use <input type="checkbox"/> Slaughter <input type="checkbox"/> Processing <input type="checkbox"/> Animal Use <input type="checkbox"/> Show/circus/zoo | Means of Conveyance <input type="checkbox"/> Air freight <input type="checkbox"/> Mail <input type="checkbox"/> Overland <input type="checkbox"/> Courier <input type="checkbox"/> Ocean freight | Any Special Reason for Importation? |
|---|--|--|--|

| COMMODITY* | Quantity | Units | Packaging | Shelf Stable | Value \$\$\$ |
|---|----------|-------|-----------|--------------|--------------|
| Note: If animal please state Species, Breed, Name, Age, and Sex | | | | | |
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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 7 days for the processing of applications.