

To: Chief Veterinary Officer
13 St Johns Avenue
New Town TAS 7008
Facsimile: (03) 6278 1875



ANIMAL HEALTH ACT 1995 SECTION 19

APPLICATION FOR AUTHORITY TO IMPORT HORSE SEMEN

APPLICANT

Name		Phone	
Address		Fax	
		e-mail	

I apply for authority to import the horse semen described below from (Name of State of origin) _____

The semen must not have been collected on a property within the Equine Influenza restricted areas of New South Wales or Queensland or on a property that is suspected or known to be infected with equine influenza.

Is the semen frozen or chilled? _____

The number of doses _____

How is the semen packaged ? _____

On what date will the semen arrive in Tasmania ? _____

Property where the semen is coming from	
Name	
Address	
Phone No.	

Property where the semen will be used in Tasmania	
Name	
Address	
Phone No.	

Signed _____

/ /

Privacy Statement

Personal information will be collected from you for the purpose of granting an Application for Authority to Import Horse Semen. This information will be used by DPIW for determining the relevant application and may be used for other purposes permitted by the *Animal Health Act 1995*. Failure to provide this information may result in your application not being able to be processed.

Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to courts and other agencies authorised to collect it. Your basic personal information may also be disclosed to other public sector bodies where necessary for the efficient storage and use of the information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to DPIW. You may be charged a fee for this service.