

New Jersey Department of Agriculture

HPAI 72 Hour Online Permitting Instructions

Division of Animal Health 609-671-6400



Access the online permit form

- Navigate to the website to access the form.
 - ▶ This was shared with you by NJDA.
 - ▶ Direct Link: https://njdoa.prod.simpligov.com/prod/portal/ShowWorkFlow/AnonymousEmbed/0b61cbd8-8776-4335-9c5f-90f47ca624cc
- You will need an internet connection to access and submit the form.
- ▶ There is no login required to use the form.



- Once navigating to the website, you should see the page pictured here.
- Reminder: submission of this form is not a permit for movement. The form must be approved by NJDA staff, and a permit number must be issued prior to any movement into New Jersey from any HPAI affected state/area.



DEPARTMENT OF AGRICULTURE - DIVISION OF ANIMAL HEALTH

HPAI Permit Request Form

Permitting Procedure for Importation of Poultry, Hatching Eggs or Poultry Waste from Highly Pathogenic Avian Influenza (HPAI) States

Only poultry or hatching eggs moving into New Jersey live bird markets, from HPAI states, require a permit and 72-hour test. The collection date, collection time, laboratory result, laboratory accession number and laboratory name must be recorded on the CVI accompanying the shipment. A copy of the laboratory report must also accompany the shipment. No poultry waste shall be imported from HPAI states, without prior approval and permit issued by the State Veterinarian. For information about testing please refer to the N.J.A.C. 2:3-7.4 (b) at https://www.nj.gov/agriculture/divisions/ah/pdf/NJACChapter3.pdf

This form is to be used to facilitate the receipt of information. **Submission of this form is not a permit for movement**.

Please call the Division of Animal Health at 609-671-6400 with any questions.



- ► This area is for you (the permit requester) to fill out your contact information.
- Any item marked with a red asterisk (*) is a required field. You cannot submit the form unless all required fields are completed.

Caller/Requester Information			
First Name *	Last Name *		
Phone *	Fax		
Email *	Relationship to Shipment *		

- This section is for information about where the shipment is originating from.
- ► Including the Premises ID of the origin premises is required. If you do not know the Premises ID, please call NJDA at 609-671-6400.
- Please note there are two address fields.
 - The first is for the physical location where the poultry/poultry products are located.
 - ► The second address field is for the mailing address for the premises.



Shipment Origin					
Premises Name *	Name of Person Responsible for Shipment *				
Phone *	Fax	Fax			
Premises Physical Location					
Number*	Street Name *	City *			
Zip Code *	Premises ID *	GPS Coordinates			
☐ If the premises mailing address is the same as the premises physical location, check the box.					
Premises Mailing Address (if different from premises physical location above)					
Number*	Street Name *	City *			
Zip Code *	Premises ID	GPS Coordinates			



- ► This area requires a numeric (number) quantity of the products in the shipment. If there are no products of a specific type, place a "0" (zero) in the quantity box for that product.
 - ► For example: a shipment with 500 live poultry, no hatching eggs, and no poultry waste would have the following:

	Quantity *
Live Poultry	500
Hatching Eggs	0
Poultry Waste	0

For any product with a quantity greater than zero, a shipment date must be provided.

Shipment Information		
	Quantity *	Shipment Date *
Live Poultry		MM/dd/yyyy
Hatching Eggs		MM/dd/yyyy
Poultry Waste		MM/dd/yyyy

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- ► This section is for information about where the shipment is being delivered in New Jersey.
- Select the number of destinations
 - Addresses can be added for different destinations.
- Please note there are two address fields.
 - ► The first address field is for the physical location where the poultry/poultry products are being delivered.
 - ► The second address field is for the mailing address for the premises, if different from the physical location.

Shipment Destination				
Choose Number of Shipment Destina	itions *			
Select one	▼			
Shipment Destination #1				
Premises Name *	Name of Person Respons	sible for the Shipment *		
Phone *	Fax			
Premises Physical Location #1				
Number *	Street Name *	City *		
Zip Code *	Premises ID	GPS Coordinates		
Premises Mailing Address #1 (if different from premises physical location)				
Number	Street Name	City		
Zip Code	Premises ID	GPS Coordinates		



- This section is for uploading a copy of the avian influenza laboratory results to the form.
- ► To add a file, click the blue "Select files..." button. This will open a window for you to select the laboratory results document.
 - Many file types are supported, including pdf, Microsoft Word, and image files.
- You must include lab results to submit the form.

Submission of Lab Results

Upload a Copy of the Lab Results *

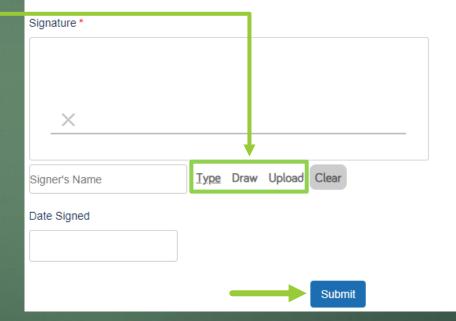
Select files...



- ► A signature is required to submit the form. You can choose from 3 options:
 - ▶ Type type your name.
 - Draw use your mouse to draw a signature.
 - Upload if you have a digital signature, you can upload it here.
- The date will automatically fill with the current date.
- Click the blue "Submit" button to submit the form to NJDA. Once the form is submitted, you cannot access the form again.

Applicant Signature

The undersigned hereby applies for a permit to import poultry waste, live poultry or hatching eggs. In signing this form, I certify the responses/entries are true. I am aware if any of the responses/entries are willfully false, I am subject to punishment. I certify that I will comply with all required New Jersey and federal animal health laws, regulations, and directives. I will notify the New Jersey Department of Agriculture of any change in the foregoing information before shipping and changes in shipment origin, information and/or destination require a new permit request.





- Once the form has been submitted, you will see this screen.
- You will also receive an email confirming your form was received.
- This means NJDA has received your form and will begin reviewing the information.

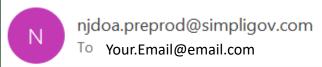


This is **not** your permit number.

If you need to contact NJDA, this number can be used to find your form.

- This is what the email confirming receipt of your form will look like.
- Note: The request number is <u>not</u> your permit number.
 - ▶ If you need to contact NJDA, this number can be used to find your form.

[EXTERNAL] HPAI Permit Request Approved - HPAI00014



Request Recieved

Your request for an HPAI Permit has been recieved and will be reviewed by our team. You will be notified when the request is processed.

Request: HPAI00014

Full Name: John Doe

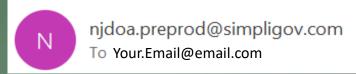
• **Email**: Your.Email@email.com

Phone: (123) 456-7890.



- ► If the form is approved, you will receive an email about the approval with your **permit number**.
- ▶ A few minutes after the approval email, you will receive a second email.
 - This second email will have a pdf file of your completed permit.

[EXTERNAL] HPAI Permit Request Approved - HPAI00015

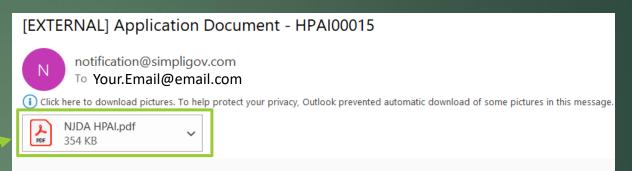


Request Approved

Your request (HPAI00015) for the HPAI permit has been approved. You will recieve a separate email with a PDF version of your application which you can keep for your records.

Permit Number: 123456789

- This is what the second email with the permit will look like.
- The permit is attached as a pdf file.



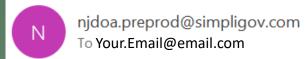
Your Document is Ready

Your request (HPAI00015) for the HPAI permit has been approved. Please keep a copy of your application for your records.

Permit Number: 123456789

- ▶ If the form is denied, you will receive an email with the reason for the denial.
 - ➤ You must <u>re-submit a form</u> with the correct information for NJDA to review.
- Reminder: A permit number must be issued <u>prior to any movement</u> <u>into New Jersey</u> from any HPAI affected state/area.
- ▶ Please call NJDA at 609-671-6400 with any questions.

[EXTERNAL] HPAI Permit Request Denied - HPAI00016



Request Denied

Your request for an HPAI Permit has been denied for the following reason:

Reason for Disapproval: Incomplete address.

For additional questions, please call the Division of Animal Health at 609-671-6400.



Thank you!



