



**MISSOURI DEPARTMENT OF CONSERVATION
APPLICATION FOR IMPORTATION OF SALMONID FISHES**

Provisions: Fish Health Certification papers for sources of fish or eggs must be included with this application. Sources must have been certified annually by American Fisheries Society Bluebook procedures, or by other procedures approved by the department. Certification will only be accepted from federal, state, or industry personnel approved by the department. Diseases of concern are listed on the back of this form. Fish or eggs from sources which are positive or suspect for diseases not found in Missouri will not be allowed for importation. Importation from sources which are positive for diseases already found in Missouri will be denied if their importation may cause additional risk, such as increased virulence, increased drug resistance, or the potential to expand the distribution of diseases. Additional disease certification may be required from sources with a special risk, such as an area with a disease not routinely checked for by health inspections.

Instructions:

1. This application must be submitted not less than 15 days nor more than 80 days prior to the date of shipment.
2. Submit copies of all fish certifications performed within the last year (and last 3 years, if available).
3. Complete and sign the application.
4. Mail or FAX application and certifications to :

**Fish Pathologist
Lost Valley Hatchery
28232 Hatchery Ave.
Warsaw, MO 65355
Phone: 660 438-4465; FAX: 660 428-1256**

5. Upon approval of application, a permit will be issued which needs to accompany the shipment to its destination in Missouri.

Section A. To be completed by applicant only.

Date of Application: _____		Expected Date of Salmonid Shipment Arrival: _____	
Applicant Name: _____		Phone #: _____	Fax #: _____
Applicant Address: _____		City: _____	State: _____ Zip: _____
E-mail Address: _____			
Species to be imported: _____			
Number and size to be Imported: Fish: _____		Eyed Eggs: _____	
Green Eggs/Milt: _____		Name of Carrier: _____	
Destination Address: _____			
Supplier Contact person: _____		Phone #: _____	Fax#: _____
Company name: _____		E-mail address: _____	
Supplier's Address: _____		City: _____	State: _____ Zip: _____
Applicant's Signature: _____		Date: _____	

**Disease Considerations for Salmonid Importation into Missouri
(common acronyms are bolded)**

An importation permit will be issued only if the immediate source of the importation is certified negative for: Viral Hemorrhagic Septicemia (**VHS** or **VHSV**), Infectious Pancreatic Necrosis (**IPN** or **IPNV**), Infectious Hematopoietic Necrosis (**IHN** or **IHNV**), Whirling Disease, *Myxobolus cerebralis* (**WD**, **SWD**, **SW** or **MYX**), or other diseases which may threaten fish stocks within Missouri.

Although not required, we recommend source fish be tested for Bacterial Kidney Disease, *Renibacterium salmoninarum* (**REN**, **BKD**), Furunculosis, *Aeromonas salmonicida* (**BF**, **ASL**), and Enteric redmouth, *Yersinia ruckeri* (**BR**, **YER**, **ERM**) for the benefit of hatchery health.

Safe Handling Tips:

Eggs should always be properly disinfected with an FDA approved disinfectant prior to introduction into a new facility.

Shipping containers not returned to their source should be disinfected with a mixture containing equal parts water and 5.25% sodium hypochlorite bleach or be incinerated.

Section B. to be completed by Missouri Department of Conservation

Date of Source's last certifications: _____	
Permit issued to: _____	Permit #: _____
Permit Approved by: _____	Date Approved: _____