

<b>Part I : Details of dispatched consignment</b>	I.1. Consignor Name Address  Country		I.2. Certificate reference number	I.2.a. Local reference number::				
			I.3. Central Competent Authority					
			I.4. Local Competent Authority					
	I.5. Consignee Name Address  Country		I.6. No.(s) of related original certificates		No.(s) of accompanying documents			
			I.7. Dealer Name Approval number					
	I.8. Country of origin	ISO code	I.9. Region of origin	Code	I.10. Country of destination	ISO code	I.11. Region of destination	Code
	I.12. Place of origin/Place of harvest Holding <input type="checkbox"/> Assembly centre <input type="checkbox"/> Dealer's premise <input type="checkbox"/> Approved body <input type="checkbox"/> Semen centre <input type="checkbox"/> Approved aquaculture holding <input type="checkbox"/> Embryo team <input type="checkbox"/> Establishment <input type="checkbox"/> Other <input type="checkbox"/> Name Approval number Address Postal code / Region				I.13. Place of destination Holding <input type="checkbox"/> Assembly centre <input type="checkbox"/> Dealer's premise <input type="checkbox"/> Approved body <input type="checkbox"/> Semen centre <input type="checkbox"/> Approved aquaculture holding <input type="checkbox"/> Embryo team <input type="checkbox"/> Establishment <input type="checkbox"/> Other <input type="checkbox"/> Name Approval number Address Postal code / Region			
	I.14. Place of loading Postal code / Region				I.15. Date and time of departure			
	I.16. Means of transport Aeroplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other <input type="checkbox"/> Identification:: Number(s):				I.17. Transporter Name Approval number Address Postal code / Region Member state			
	I.21. Temperature of products Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/>				I.20. Number/Quantity		I.22. Number of packages	
I.23. Identification of container/Seal number								
I.25. Animals certified for/products certified for:								
I.26. Transit through 3rd country <input type="checkbox"/>				I.27. Transit through Member states <input type="checkbox"/>				
Exit point Entry point				Code BIP unit no.:				
I.28. Export <input type="checkbox"/>				I.29. Estimated journey time				
3rd country Exit point				ISO code Code				
I.30. Route plan Yes <input type="checkbox"/> No <input type="checkbox"/>								
I.31. Identification of the animals								

<b>Part II: Certification</b>	II. Health information  Product in accordance with Commission Implementing Decision 2013/764/EU of 13 December 2013 concerning animal health control measures relating to classical swine fever in certain Member States.	II.a. Certificate reference number	II.b. Local reference number:	
	Part I:  Box reference I.19: use the appropriate CN codes: 02.03; 02.06; 02.09; 02.10; 05.04; 15.01; 16.01; 16.02; 16.03; 19.02.			
	Official veterinarian or official inspector  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                             Name (in Capital):                              Local Veterinary Unit:                              Date:                              Stamp                         </td> <td style="width: 50%; border: none;">                             Qualification and title:                              LVU N°:                              Signature:                         </td> </tr> </table>			Name (in Capital): Local Veterinary Unit: Date: Stamp
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Part III: Control	III.1. Date of the inspection <input style="width: 100px; height: 20px;" type="text"/>	III.2. Certificate Reference Number::																																	
	III.3. Documentary Check:: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">No</td> <td style="width: 30%;"><input style="width: 30px;" type="text"/></td> <td style="width: 30%;">Yes</td> <td style="width: 10%;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>EU Standard</td> <td>Satisfactory <input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Additional guarantees</td> <td>Satisfactory <input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>National requirements</td> <td>Satisfactory <input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> </table>	No	<input style="width: 30px;" type="text"/>	Yes	<input style="width: 30px;" type="text"/>	EU Standard	Satisfactory <input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>	Additional guarantees	Satisfactory <input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>	National requirements	Satisfactory <input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>	III.4. Identity Check:: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">No</td> <td style="width: 30%;"><input style="width: 30px;" type="text"/></td> <td style="width: 30%;">Yes</td> <td style="width: 10%;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Satisfactory</td> <td><input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> </table>	No	<input style="width: 30px;" type="text"/>	Yes	<input style="width: 30px;" type="text"/>	Satisfactory	<input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>									
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	III.5. Physical Check:: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">No</td> <td style="width: 30%;"><input style="width: 30px;" type="text"/></td> <td style="width: 30%;">Total animals checked</td> <td style="width: 10%;"></td> </tr> <tr> <td>Satisfactory</td> <td><input style="width: 30px;" type="text"/></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> </table>	No	<input style="width: 30px;" type="text"/>	Total animals checked		Satisfactory	<input style="width: 30px;" type="text"/>	Not satisfactory	<input style="width: 30px;" type="text"/>	III.6. Laboratory Tests:: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">No</td> <td style="width: 30%;"><input style="width: 30px;" type="text"/></td> <td style="width: 30%;">Yes</td> <td style="width: 10%;"><input style="width: 30px;" type="text"/></td> </tr> <tr> <td colspan="4">Date:</td> </tr> <tr> <td colspan="4">Tested for::</td> </tr> <tr> <td>Random</td> <td><input style="width: 30px;" type="text"/></td> <td>Suspicion</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Pending</td> <td><input style="width: 30px;" type="text"/></td> <td>Satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td></td> <td></td> <td>Not satisfactory</td> <td><input style="width: 30px;" type="text"/></td> </tr> </table>	No	<input style="width: 30px;" type="text"/>	Yes	<input style="width: 30px;" type="text"/>	Date:				Tested for::				Random	<input style="width: 30px;" type="text"/>	Suspicion	<input style="width: 30px;" type="text"/>	Pending	<input style="width: 30px;" type="text"/>	Satisfactory	<input style="width: 30px;" type="text"/>			Not satisfactory	<input style="width: 30px;" type="text"/>	
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