

6. Details of proposed movement
Please give details of the movement for which the licence is required (include full description of the route including road name/number or descriptions)

Estimated distance between two points of the movement Km

Estimated distance to be travelled Km

Vehicle registration number

For Longer Distance Movement Licences:
Name of Haulier (if appropriate)

7. Details of your Veterinary Surgeon - please read and complete (a) or (b) as appropriate

(a) If you are applying for an **Occupational Licence** complete Part A of Part 2 of this form.
Your Veterinary Surgeon must complete the declaration in Part 2 of this form (Parts B, C and D).
The application and Veterinary Surgeon's declaration may be sent submitted separately.
If your Veterinary Surgeon is sending the declaration separately, please tick box

(b) If you are applying for a **Local Movement or Longer Distance Movement Licence** please give the name and full address of your Veterinary Surgeon **to whom the licence will be sent.**

Name of Veterinary Surgeon

Full address

Postcode

Tel no. Fax no.

8. Complete the declaration below:

- I have read and understand the conditions under which a licence may be granted;
- the movements for which this application refers are necessary to safeguard the welfare of animals described above and all other reasonable means of alleviating welfare concerns have been considered and implemented where practicable;
- in the case of an application for an Occupational or a Local Movement Licence, I have sole control over all livestock of Foot-and-Mouth susceptible species at the place of departure and destination;
- no animals susceptible to Foot-and-Mouth disease have been brought onto the premises of departure in the period of 21 days before the proposed date of movement, in the case of an application for a Local Movement Licence or in the period of 21 days before the first date of movement, in the case of an application for an Occupational Licence;
- in the case of an application for a Longer Distance

Movement Licence, no animals susceptible to Foot-and-Mouth disease have been brought onto the premises of departure since 1 February 2001 or in the period of 21 days prior to the proposed date of movement where only pigs are kept at the premises of departure;

- appropriate cleansing and disinfection facilities are/will be provided for the cleansing and disinfection of vehicles before and after all movements of animals to be moved as required by the appropriate licence;
- the premises are not subject to movement restrictions as a result of a Foot-and-Mouth Notice Form A nor Form D nor are they situated either:
 - (a) within 8km of a Form C premises (where an infected area has not been declared in respect of those premises); or
 - (b) within 3km of an infected place (where an infected area has been declared in respect of that place)
- the animals do not have access to common grazing;
- all the information and statements in this application are true to the best of my knowledge and belief.

Signed

Name of farming business

Position

(state if sole trader, director, partner or other - please specify)

Date

Important: Anyone who knowingly (a) makes a declaration or statement that is false in any material particular for the purposes of obtaining a licence under the Foot-and-Mouth Disease Order 1983 or (b) obtains or endeavours to obtain such a licence by means of a false pretence will be guilty of an offence under the Animal Health Act 1981 and may be liable to prosecution and heavy penalties on conviction.

Part 2 - Application for an Occupational Movement Licence

FOR OFFICIAL USE ONLY

Application form number

To be completed only when an occupational movement licence is required i.e. multiple movements less than 0.5km.

Part A - to be completed by the applicant

Name of owner

Address of owner

Owner's CPH

CPH of premises

Name of premises

Address of premises where animals are located (if different from above)

Owner's CPH

CPH of premises

Declaration by a Veterinary Surgeon

Parts B, C and D - to be completed by the Veterinary Surgeon

Part B (*delete species which are not applicable)

I declare that the *cattle/sheep/goats/pigs at the above premises are under my care and on the basis of my knowledge of these premises, management systems and information supplied by the owner, I hereby certify that:

- in so far as can be determined, other reasonable means of alleviating the welfare problems attributable to movement controls due to the current outbreak of Foot-and-Mouth disease have been considered and implemented where practicable;
- in order to safeguard their welfare, I consider that the *cattle/sheep/goats/pigs shown in the table below need to be moved as indicated above.

Part C

Species (cattle/sheep/goats/pigs)	Class of animal	Number of animals

Part D

Signature

Name in
BLOCK LETTERS

RCVS

Date

Practice address

Postcode

Telephone no. (including national dialling code)

Fax no. (including national dialling code)