

### DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS SCOTTISH GOVERNMENT

#### WELSH GOVERNMENT

DEPAR	TMENT OF AGRICULTU	RE, ENVIRONMENT AND RU	RAL AFFAIRS	NORTHERN IRE	LAND
·				NO:	
EXPORT	OF UNPROCESSED HI	DES AND SKINS TO LEBAN	ION		
HEALTH	CERTIFICATE				
EXPORT	ING COUNTRY:	UNITED KINGDOM			
FOR SI	GNATURE BY:	OFFICIAL VETERINARIAN			
	DETAILS OF CONSIGN				
(a)	Description of the	products:			
(b)	Type and number of	packages:			
(c)	Net weight:				
(d)	Identification mar	ks:			
(e)	Container Number:		9	•	
II.	ORIGIN OF PRODUCTS				
(a)	Name and address o	f exporter:	* (		
/b)	Name and address o	f nyomigog of dognotab		7	
(b) 1	wame and address o	f premises of despatch	.•		
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	DESTINATION OF PRO				
(a) ]	Name and address o	f consignee:			

## II. ORIGIN OF PRODUCTS

- (a) Name and address of exporter:
- (b) Name and address of premises of despatch:

# III. DESTINATION OF PRODUCTS

(b) Means of transportation:

#### IV. HEALTH INFORMATION

- I, the undersigned, hereby certify that:
- 1. the products were obtained from a slaughterhouse from animals which underwent veterinary inspection and were fit, as a result of such inspection, for slaughter in accordance with legislation in force in the United Kingdom;
- 2. the products were:
  - either\* produced in the United Kingdom, which is a country officially recognised free of foot and mouth disease without vaccination, in accordance with the World Organisation for Arimal Health (OIE) Terrestrial Animal Health Code;
  - (b) or\* salted for at least 28 days in salt (NaCl) containing 2% sodium carbonate (Na<sub>2</sub>CO<sub>3</sub>) as recommended in the World Organisation for Animal Health (OIE) Terrestrial Animal Health Code for the inactivation of foot and mouth disease virus in raw hides and skins;
  - (c) or\* legally imported into the United Kingdom in accordance with legislation in force in the United Kingdom;
- 3. all precautions have been taken to avoid any contact of the products with live animals or other animal products presenting a risk of spreading serious transmissible disease.
- \* Delete as appropriate

Date:	Signed:MRCVS
Stamp:	Name in Block letters: OFFICIAL VETERINARIAN
Address:	
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