



Application Requesting Exemption from Restrictions

IMPORTANT NOTES (see also Guidance notes for applicants)

Licence applications should be submitted to the Licensing Team at your local Animal and Plant Health Agency office or Local Disease Control Centre

- Licences may be reviewed and revoked if area or premises restrictions change
- The activity or movement for which you require a licence must not take place until a licence is issued
- Please complete Parts 1 and 2. Incomplete forms will not be accepted.

For office use only

Date of receipt
Application number
Mark forward date
Licence Number

PART 1 Application

Name of person requesting licence

Address of person requesting licence
CPH No.
Tel No.
Fax No.
Mobile No.
E-mail address
Postcode

Address of the premises of origin or where the activity will occur (if not above)
CPH No.
OS Map ref.
Local Authority
Type of premises
Date of move or event
Postcode

Address of the premises of destination, include OS map ref. (if known) *
CPH No.
OS Map ref.
Local Authority
Type of premises
Postcode

* if applicable

Please supply details of the movement or exemption requested and why it is required (see guidance notes)

Continue on separate sheet if necessary

PART 2 Declaration

This declaration must be signed by the person making the application

- I hereby declare the information supplied in this application form is true to the best of my knowledge and belief.
- I have read and understand the “Guidance notes for applicants completing the Application requesting exemption to restrictions by licence”.
- I will abide by the conditions of any licence granted to me.

Signature	<input type="text"/>	Date	<input type="text"/>
Name in BLOCK LETTERS	<input type="text"/>	Position	<input type="text"/>

DATA PROTECTION

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.

WARNING

A person who knowingly makes a false statement or declaration in any material particular for the purpose of obtaining a licence under the Animal Health Act 1981 or an order made under it, is guilty of a criminal offence and is liable to be prosecuted and on conviction may face six months in prison and/or an unlimited fine (England and Wales)/a fine not exceeding the statutory maximum (Scotland).

Guidance Notes for Applicants Completing the Application for a Licence Requesting Exemption from Restrictions

Please note – this application form can be used for requesting exemption for all movements, activities and events. These Guidance Notes are for information and some conditions may not be relevant to your application. For further advice please see the Defra/Scottish Government/Welsh Government website or contact the Licensing Team in your Local Disease Control Centre/Animal and Plant Health Agency (APHA) office.

General

This form allows you to seek exemptions from the rules that have been placed on you or your premises as a result of the current animal disease situation. Please complete all sections in parts 1 and 2 of the form. Please use block capitals and black ink. Where possible, please submit the application at least 7 days before the licence is required, however, if there are exceptional circumstances, e.g. human safety or animal welfare is likely to be compromised by delay, please contact your Local Disease Control Centre/APHA office.

Part 1

Name of person requesting licence: The licence must be requested and signed by the person responsible for the move/activity. This does not necessarily mean the person who will use the licence, e.g. the driver of the stock vehicle but the applicant will remain responsible for compliance with the licence conditions. In the case of hatching eggs, slaughter poultry and feed or fuel the hatchery/slaughterhouse/feed/fuel company must apply. Please include all contact details as we may need to contact you if we have any queries.

Address of Applicant: This should include, where applicable the CPH number of the address of the applicant and your telephone numbers, etc., this will enable us to contact you if we need to clarify something.

Address of Origin and destination: Where you wish to move something we need both addresses to be able to check the specific restrictions in place on both premises. We will determine what can and cannot happen based on this information. Whilst not essential, administration time to process your application may be reduced if you can provide the CPH numbers for both premises.

You must tell us the date you plan to move things, undertake the activity or hold the event as restrictions can be time dependant and it allows us to prioritise the processing of applications

The type of premises could include, farm, slaughterhouse, hatchery, market, etc.

Details of goods to be moved

Please be as detailed as possible in this section and include names of people, vehicle make and registration, number or weight or consignment number if applicable.

Please give reasons why the movement, activity, etc., is required.

Part 2

If any part of the declaration is incomplete we will be unable to process your application.

The 'position' could include, owner of stock or premises, occupier of premises, farm manager, stock keeper, event organiser, etc.

If you need further help or guidance in completing this form please contact APHA. The application may be emailed to outbreak.licensing@apha.gov.uk. It may also be submitted by post, fax or hand. If faxed, the original must also be sent.

Parts 3, 4 and 5 are for Official Use only

PART 3 To be completed by Licensing Team

Application Number

(a) Restrictions on premises of origin and destination*:

	Type of premises	Is it designated?*	Restriction on premises (and date restrictions imposed)	
			Premises restrictions, e.g. EXD 1, 2, 8.	Zone restrictions e.g. PZ, SZ, etc.
Premises of origin (or where event/ activity is to take place)				
Destination premises*				

* if applicable

(b) Which licencing [matrix] has been used to check if the movement/event/activity may be permitted under licence

Disease

Zone or Premises

Can this movement/event/activity be permitted under licence?

Yes No

If no, give date/time applicant notified

Date

Time

(c) If restrictions are related to events on premises of origin or on IP giving rise to the zone, complete this question:

Date restrictions imposed

Date of preliminary C & D on premises

Date of preliminary C & D on IP giving rise to the zone

(d) If restrictions are related to events on premises of destination complete this question:

Date restrictions imposed

Date of preliminary C & D on premises

Date of preliminary C & D on IP giving rise to the zone

(e) If movement criteria includes distance between origin and destination, complete this question:

Distance between premises of origin and destination

(f) Pre-licensing clinical inspections:

i. Is pre-licensing clinical inspection required?
If **No**, go to (g).

Yes No

ii. If **Yes**, is last visit sufficient to allow issue for licence?

Yes No

If **Yes**, provide date of last visit and attach Clinical Inspection Report, then go to **f**.

iii. If **No**, what type of visit is required and when

iv. Has a job request been raised and sent to allocations?

Yes No

v. Date JRF raised

vi. Date/time applicant notified Date

Time

vii. Visit completed? (now complete (f) i and ii)

Yes No

(g) Designation of premises:

If required, are the premises of origin or destination designated?

Yes No

Application Number

(h) Supervision of movement/activity:

i. Are further visits required for supervision of movement or clinical inspection? Yes No

ii. If **Yes**, what type of visit is required and when?

iii. Has a job request been raised and sent to allocations? Yes No

iv. Date JRF raised

(i) This licence must/need not* be signed by a Veterinary Inspector (* *delete as appropriate*)

Comments:

A licence (EXD number) can be issued (*attached*).

Name

Signature

Date

PART 4 To be completed by vet inspector licencing (or inspector authorised to sign)

In my opinion this application should be *approved/refused (**delete as appropriate*)

Comments (*including additional conditions and reasons for rejection*):

Signature

Official address

Name in BLOCK LETTERS

Date Time

Tel. No Ext

PART 5 To be completed by Licensing Team

Has the applicant been notified of the outcome of their application? Yes No

Entered on to licencing spreadsheet Date
