

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

MOVEMENT OF SHEEP/GOATS TO AN EU APPROVED ASSEMBLY CENTRE

APPLICATION FOR A MOVEMENT LICENCE AND VETERINARY SERVICE SUPPORT CERTIFICATE

Please complete this form fully using **BLOCK LETTERS** and return to your local DARD Office or Veterinary Practice

Details of consignment

Owner:

Name:	_____
Address:	_____
Post code:	_____ Flock Number: _____
Business ID:	_____

Assembly Centre details:

Name:	_____
Address:	_____
Date of Sale:	_____ EAC flock number: _____

Proposed date of travel to the Assembly Centre: _____

Number of animals to be moved: _____

Identification of the animals:

Breed	Sex	Date of Birth	Official individual identification

Signature: _____

Date: _____