

ระเบียบกรมประมง

ว่าด้วยการขอหนังสือรับรองสุขภาพสัตว์น้ำเพื่อการส่งสัตว์น้ำออกนอกราชอาณาจักร (ฉบับที่ ๒)

พ.ศ. ๒๕๖๕

โดยที่เป็นการสมควรแก้ไขระเบียบกรมประมง ว่าด้วยการขอหนังสือรับรองสุขภาพสัตว์น้ำเพื่อการส่งสัตว์น้ำออกนอกราชอาณาจักรให้เหมาะสมและมีประสิทธิภาพยิ่งขึ้น

อาศัยอำนาจตามความในมาตรา ๙๐ (๖) แห่งพระราชกำหนดการประมง พ.ศ. ๒๕๕๘ และที่แก้ไขเพิ่มเติม ประกอบมาตรา ๓๒ แห่งพระราชบัญญัติระเบียบบริหารราชการแผ่นดิน พ.ศ. ๒๕๓๔ และที่แก้ไขเพิ่มเติม อธิบดีกรมประมงจึงออกระเบียบกำหนดขั้นตอนและวิธีปฏิบัติในการออกหนังสือรับรองสุขภาพสัตว์น้ำเพื่อการส่งสัตว์น้ำออกนอกราชอาณาจักรไว้ ดังต่อไปนี้

ข้อ ๑ ระเบียบนี้เรียกว่า “ระเบียบกรมประมง ว่าด้วยการขอหนังสือรับรองสุขภาพสัตว์น้ำเพื่อการส่งสัตว์น้ำออกนอกราชอาณาจักร (ฉบับที่ ๒) พ.ศ. ๒๕๖๕”

ข้อ ๒ ระเบียบนี้ให้ใช้บังคับตั้งแต่วันประกาศในราชกิจจานุเบกษาเป็นต้นไป

ข้อ ๓ ให้ยกเลิกความใน (๒) ของข้อ ๑๗ แห่งระเบียบกรมประมง ว่าด้วยการขอหนังสือรับรองสุขภาพสัตว์น้ำเพื่อการส่งสัตว์น้ำออกนอกราชอาณาจักร พ.ศ. ๒๕๖๔ ลงวันที่ ๗ ตุลาคม พ.ศ. ๒๕๖๔ และให้ใช้ความต่อไปนี้แทน

“(๒) หากเห็นว่าเอกสารถูกต้องครบถ้วน และเป็นไปตามเงื่อนไขที่ประเทศคู่ค้ากำหนด ให้ดำเนินการจัดทำหนังสือรับรองตามแบบ กปม.สส. ๒ หรือ กปม.สส. ๓ หรือ กปม.สส. ๔ หรือ กปม.สส. ๕ หรือ กปม.สส. ๖ หรือ กปม.สส. ๘ ทำระเบียบนี้เพื่อเสนอผู้มีอำนาจลงนามพิจารณา ลงนาม”

ข้อ ๔ ให้ยกเลิกความใน (๑) ของข้อ ๑๘ แห่งระเบียบกรมประมง ว่าด้วยการขอหนังสือรับรองสุขภาพสัตว์น้ำเพื่อการส่งสัตว์น้ำออกนอกราชอาณาจักร พ.ศ. ๒๕๖๔ ลงวันที่ ๗ ตุลาคม พ.ศ. ๒๕๖๔ และให้ใช้ความต่อไปนี้แทน

“(๑) หนังสือรับรอง กปม.สส. ๒ หรือ กปม.สส. ๓ หรือ กปม.สส. ๕ หรือ กปม.สส. ๖ หรือ กปม.สส. ๘ ให้มีอายุการรับรอง ๑๐ วัน นับแต่วันออกหนังสือรับรอง”

ข้อ ๕ ให้ยกเลิกความในข้อ ๑๙ แห่งระเบียบกรมประมง ว่าด้วยการขอหนังสือรับรองสุขภาพสัตว์น้ำเพื่อการส่งสัตว์น้ำออกนอกราชอาณาจักร พ.ศ. ๒๕๖๔ ลงวันที่ ๗ ตุลาคม พ.ศ. ๒๕๖๔ และให้ใช้ความต่อไปนี้แทน

“ข้อ ๑๙ การพิจารณาออกหนังสือรับรองตามหมวดนี้ ให้พิจารณาเฉพาะสัตว์น้ำที่มาจากสถานประกอบการที่ขึ้นทะเบียนสถานประกอบการส่งออกสัตว์น้ำกับกรมประมง และสถานประกอบการดังกล่าวจะต้องได้รับการรับรองสุขอนามัยสถานประกอบการและสุขภาพสัตว์น้ำจากกรมประมง

ซึ่งเป็นไปตามที่กำหนดไว้ในหนังสือรับรองที่ออกให้ตามหมวดนี้ แล้วแต่กรณี หรือเป็นไปตามข้อกำหนดของประเทศคู่ค้า”

ข้อ ๖ ผู้ที่ได้รับหนังสือรับรองตามระเบียบกรมประมง ว่าด้วยการขอหนังสือรับรองสุขภาพสัตว์น้ำเพื่อการส่งสัตว์น้ำออกนอกราชอาณาจักร พ.ศ. ๒๕๖๔ ลงวันที่ ๗ ตุลาคม พ.ศ. ๒๕๖๔ ก่อนวันที่ระเบียบนี้ใช้บังคับ ให้ยังคงใช้ได้ต่อไปจนกว่าจะสิ้นอายุการรับรอง

บรรดาคำขอต่าง ๆ ที่ได้ยื่นไว้ก่อนวันที่ระเบียบฉบับนี้มีผลใช้บังคับ ให้ถือว่าเป็นการยื่นคำขอตามระเบียบนี้

การพิจารณาออกหนังสือรับรองที่ได้พิจารณายังไม่แล้วเสร็จอยู่ก่อนวันที่ระเบียบนี้ใช้บังคับให้นำหลักเกณฑ์ที่กำหนดไว้ตามระเบียบนี้มาใช้เป็นหลักเกณฑ์ในการพิจารณา

ประกาศ ณ วันที่ ๒๖ พฤษภาคม พ.ศ. ๒๕๖๕

เฉลิมชัย สุวรรณรักษ์

อธิบดีกรมประมง



Department of Fisheries
Ministry of Agriculture and Cooperatives
THAILAND
Aquatic Animal Health Certificate

Part I: Details of dispatched consignment	I.1. Consignor Name: Address: Approval number:		I.2. Certificate reference number:	
			I.3. Competent authority:	
	I.4. Consignee Name: Address:			
	I.5. Country of origin:		ISO code:	
	I.6. Country of destination:		ISO code:	
	I.7. Place of origin Name: Address:		Approval number:	
	I.8. Place of shipment:		I.9. Date of departure:	
	I.10. Means of transport: <input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other, Identification:		I.11. Country of transit:	
			I.12. CITES permit number(s):	
	I.13. Description of commodity:		I.14. Commodity code (HS code):	
			I.15. Total quantity/weight:	
	I.16. Identification of container/seal number:		I.17. Type of packaging:	
	I.18. Commodities intended for use as: <input type="checkbox"/> Breeding <input type="checkbox"/> Grow out <input type="checkbox"/> Ornamental <input type="checkbox"/> Competition/Exhibition <input type="checkbox"/> Other, specify:			
	I.19. For import or admission: <input type="checkbox"/> Definitive import <input type="checkbox"/> Re-entry <input type="checkbox"/> Temporary admission			
	I.20. Identification of commodities: <input type="checkbox"/> Amphibian <input type="checkbox"/> Crustacean <input type="checkbox"/> Fish <input type="checkbox"/> Mollusc <input type="checkbox"/> Other			
	<input type="checkbox"/> Wild stock <input type="checkbox"/> Cultured stock		<input type="checkbox"/> Live <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen	
	Species (Scientific name)		Number (pcs)	

Part II: Certification	II. Health information	II. a Certificate reference number:
	<p>II.1 General requirements</p> <p>I, the undersigned official inspector, hereby certify that the aquatic animals referred to in Part I of this certificate:</p> <ul style="list-style-type: none"> a) have been inspected within 72 hours of loading, and showed no clinical signs of disease; b) are not subject to any prohibitions due to unresolved increased mortality; c) are not intended for destruction or slaughter for the eradication of diseases; d) originate from aquaculture farms that are all under the supervision of the competent authority; and e) no un-explained mass mortality during the past 3 months. <p>II.2 Declaration of health information</p> <p>I, the undersigned official inspector, certify that the animals identified above meet the following conditions: They come from a farm establishment/ zone/ country where they are submitted to a health supervision set up to operate according to the procedures described in the <i>Aquatic Animal Health Code</i> from World Organisation for Animal Health (OIE) and that is recognized officially unaffected by the following diseases:</p> <ul style="list-style-type: none"> a) for amphibian*: infection with <i>Batrachochytrium dendrobatidis</i>, infection with <i>Batrachochytrium salamandrivorans</i> and infection with <i>Ranavirus</i> species. b) for crustacean*: acute hepatopancreatic necrosis disease, infection with <i>Aphanomyces astaci</i> (crayfish plague), infection with <i>Hepatobacter penaei</i> (necrotising hepatopancreatitis), infection with infectious hypodermal and haematopoietic necrosis virus, infection with infectious myonecrosis virus, infection with <i>Macrobrachium rosenbergii</i> nodavirus (white tail disease), infection with Taura syndrome virus, infection with white spot syndrome virus and infection with yellow head virus genotype 1 c) for fish*: infection with <i>Aphanomyces invadans</i> (epizootic ulcerative syndrome), infection with epizootic haematopoietic necrosis virus, infection with <i>Gyrodactylus salaris</i>, infection with HPR-deleted or HPR0 infectious salmon anaemia virus, infection with infectious haematopoietic necrosis virus, infection with koi herpesvirus, infection with red sea bream iridovirus, infection with salmonid alphavirus, infection with spring viraemia of carp virus and infection with viral haemorrhagic septicaemia virus d) for mollusc*: infection with abalone herpesvirus, infection with <i>Bonamia ostreae</i>, infection with <i>Bonamia exitiosa</i>, infection with <i>Marteilia refringens</i>, infection with <i>Perkinsus marinus</i>, infection with <i>Perkinsus olseni</i>, infection with <i>Xenohalictis californiensis</i> e) for polychaete*: infection with white spot syndrome virus. <p>* Keep as appropriate for susceptible species.</p> <p>II.3 Transport and labeling requirements</p> <p>I, the undersigned official inspector, hereby certify that:</p> <ul style="list-style-type: none"> a) the live aquatic animals referred to above are placed under conditions, including with water quality, that do not alter their health status; b) the transport container is clean and disinfected or previously unused; and c) the consignment is identified by a label on the exterior of the container with the relevant information referred to in box I.16. of this certificate. <p>This certificate is valid for ten days from the date of issue.</p>	
<p>Certifying Official:</p> <p>Name and address (in capital letters):</p> <p>Official position:</p> <p>Date: Signature:</p> <p>Stamp: E-mail address:</p>		



Department of Fisheries
Ministry of Agriculture and Cooperatives
THAILAND
Aquatic Animal Health Certificate

Part I: Details of dispatched consignment	I.1. Consignor Name: Address: Approval number :	I.2. Certificate reference number:
		I.3. Competent authority:
	I.4. Consignee Name: Address:	
	I.5. Country of origin:	ISO code:
	I.6. Country of destination:	ISO code:
	I.7. Place of origin Name: Address:	
	I.8. Place of shipment:	I.9. Date of departure:
	I.10. Means of transport: <input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other, Identification:	
		I.11. Country of transit:
		I.12. CITES permit number(s):
	I.13. Description of commodity:	I.14. Commodity code (HS code):
		I.15. Total quantity/weight:
	I.16. Identification of container/seal number:	I.17. Type of packaging:
	I.18. Commodities intended for use as: <input type="checkbox"/> Breeding <input type="checkbox"/> Grow out <input type="checkbox"/> Ornamental <input type="checkbox"/> Competition/Exhibition <input type="checkbox"/> Other, specify:	
	I.19. For import or admission: <input type="checkbox"/> Definitive import <input type="checkbox"/> Re-entry <input type="checkbox"/> Temporary admission	
	I.20. Identification of commodities: <input type="checkbox"/> Amphibian <input type="checkbox"/> Crustacean <input type="checkbox"/> Fish <input type="checkbox"/> Mollusc <input type="checkbox"/> Other	
	<input type="checkbox"/> Wild stock <input type="checkbox"/> Cultured stock	<input type="checkbox"/> Live <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen
	Species (Scientific name)	Number (pcs)

Part II: Certification	II. Health information	II. a Certificate reference number:
	<p>II.1 General requirements</p> <p>I, the undersigned official inspector, hereby certify that the aquatic animals referred to in Part I of this certificate:</p> <p>a) have been inspected within 72 hours of loading, and showed no clinical signs of disease;</p> <p>b) are not subject to any prohibitions due to unresolved increased mortality;</p> <p>c) are not intended for destruction or slaughter for the eradication of diseases;</p> <p>d) originate from aquaculture farms that are all under the supervision of the competent authority; and</p> <p>e) no un-explained mass mortality during the past 3 months.</p> <p>II.2 Transport and labeling requirements</p> <p>I, the undersigned official inspector, hereby certify that:</p> <p>a) the live aquatic animals referred to above are placed under conditions, including with water quality, that do not alter their health status;</p> <p>b) the transport container is clean and disinfected or previously unused; and</p> <p>c) the consignment is identified by a label on the exterior of the container with the relevant information referred to in box I.16. of this certificate.</p> <p>This certificate is valid for ten days from the date of issue.</p>	
<p>Certifying Official:</p> <p>Name and address (in capital letters):</p> <p>Official position:</p> <p>Date: Signature:</p> <p>Stamp: E-mail address:</p>		



Department of Fisheries
Ministry of Agriculture and Cooperatives
THAILAND
Aquatic Animal Health Certificate

1. Consignor Name: Address: Approval number :	2. Certificate reference number: 3. Competent authority:
4. Consignee Name: Address:	
5. Country of origin:	ISO code:
6. Country of destination:	ISO code:
7. Place of origin Name: Address:	
8. Means of transport: <input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other, Identification:	9. Place of shipment: 10. Date of departure:
11. Description of commodity:	12. Commodity code (HS code): 13. Total quantity/weight:
14. Identification of commodities: <input type="checkbox"/> Amphibian <input type="checkbox"/> Crustacean <input type="checkbox"/> Fish <input type="checkbox"/> Mollusc <input type="checkbox"/> Other <input type="checkbox"/> Wild stock <input type="checkbox"/> Cultured stock	
<input type="checkbox"/> Live <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen	
Species (Scientific name)	Number (pcs)
This certificate is valid for days from the date of issue. Certifying Official: Name and address (in capital letters): Official position: Date:	
Stamp:	
Signature: E-mail address:	



Department of Fisheries
Ministry of Agriculture and Cooperatives
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Aquatic Animal Health Certificate

Part I: Details of dispatched consignment	I.1. Consignor Name: Address: Approval number:		I.2. Certificate reference number:		
			I.3. Competent authority:		
	I.4. Consignee Name: Address:				
	I.5. Country of origin:		ISO code:		
	I.6. Country of destination:		ISO code:		
	I.7. Place of origin Name: Address:		Approval number:		
	I.8. Place of shipment:		I.9. Date of departure:		
	I.10. Means of transport: <input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other, Identification:		I.11. Country of transit:		
			I.12. CITES permit number(s):		
	I.13. Description of commodity:		I.14. Commodity code (HS code):		
			I.15. Total quantity/weight:		
	I.16. Identification of container/seal number:		I.17. Type of packaging:		
	I.18. Commodities intended for use as: <input type="checkbox"/> Breeding <input type="checkbox"/> Grow out <input type="checkbox"/> Ornamental <input type="checkbox"/> Competition/Exhibition <input type="checkbox"/> Other, specify:				
	I.19. For import or admission: <input type="checkbox"/> Definitive import <input type="checkbox"/> Re-entry <input type="checkbox"/> Temporary admission				
	I.20. Identification of commodities: <input type="checkbox"/> Amphibian <input type="checkbox"/> Crustacean <input type="checkbox"/> Fish <input type="checkbox"/> Mollusc <input type="checkbox"/> Other <input type="checkbox"/> Wild stock <input type="checkbox"/> Cultured stock <input type="checkbox"/> Live <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen				
	Species (Scientific name)		Family	Number (pcs)	

Part II: Certification	II. Health information	II. a Certificate reference number:
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<p>Certifying Official:</p> <p>Name and address (in capital letters):</p> <p>Official position:</p> <p>Date: Signature:</p> <p>Stamp: E-mail address:</p>		



Department of Fisheries
Ministry of Agriculture and Cooperatives
THAILAND
Aquatic Animal Health Certificate

Part I: Details of dispatched consignment	I.1. Consignor Name: Address: Approval number:	I.2. Certificate reference number:
		I.3. Competent authority:
	I.4. Consignee Name: Address:	
	I.5. Country of origin:	ISO code:
	I.6. Country of destination:	ISO code:
	I.7. Place of origin Name: Address:	
	Approval number:	
	I.8. Place of shipment:	I.9. Date of departure:
	I.10. Means of transport: <input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other, Identification:	I.11. Country of transit:
		I.12. CITES permit number(s):
	I.13. Description of commodity:	I.14. Commodity code (HS code):
		I.15. Total quantity/weight:
	I.16. Identification of container/seal number:	I.17. Type of packaging:
	I.18. Commodities intended for use as: <input type="checkbox"/> Breeding <input type="checkbox"/> Grow out <input type="checkbox"/> Ornamental <input type="checkbox"/> Competition/Exhibition <input type="checkbox"/> Other, specify:	
	I.19. For import or admission: <input type="checkbox"/> Definitive import <input type="checkbox"/> Re-entry <input type="checkbox"/> Temporary admission	
	I.20. Identification of commodities: <input type="checkbox"/> Amphibian <input type="checkbox"/> Crustacean <input type="checkbox"/> Fish <input type="checkbox"/> Mollusc <input type="checkbox"/> Other <input type="checkbox"/> Wild stock <input type="checkbox"/> Cultured stock <input type="checkbox"/> Live <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen	
	Species (Scientific name)	Number (pcs)

Part II: Certification	II. Health information	II. a Certificate reference number:
	<p>II.1 General requirements</p> <p>I, the undersigned official inspector, hereby certify that the aquatic animals referred to in Part I of this certificate:</p> <ul style="list-style-type: none"> a) have been inspected within 72 hours of loading, and showed no clinical signs of disease; b) are not subject to any prohibitions due to unresolved increased mortality; c) are not intended for destruction or slaughter for the eradication of diseases; d) originate from aquaculture farms that are all under the supervision of the competent authority; and e) no un-explained mass mortality during the past 3 months. <p>II.2 Declaration of health information</p> <p>I, the undersigned official inspector, certify that the animals identified above meet the following conditions: They come from a compartment/ zone/ country where they are submitted to a health supervision set up to operate according to the procedures described in the <i>Aquatic Animal Health Code</i> from World Organisation for Animal Health (OIE) and that is recognized officially unaffected by the following disease (s):</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>II.3 Transport and labeling requirements</p> <p>I, the undersigned official inspector, hereby certify that:</p> <ul style="list-style-type: none"> a) the live aquatic animals referred to above are placed under conditions, including with water quality, that do not alter their health status; b) the transport container is clean and disinfected or previously unused; and c) the consignment is identified by a label on the exterior of the container with the relevant information referred to in box I.16. of this certificate. <p>This certificate is valid for ten days from the date of issue.</p>	
<p>Certifying Official:</p> <p>Name and address (in capital letters):</p> <p>Official position:</p> <p>Date: Signature:</p> <p>Stamp: E-mail address:</p>		



Department of Fisheries
Ministry of Agriculture and Cooperatives
THAILAND
Aquatic Animal Health Certificate

Part I: Details of dispatched consignment	I.1. Consignor Name: Address: Approval number:	I.2. Certificate reference number:
		I.3. Competent authority:
	I.4. Consignee Name: Address:	
	I.5. Country of origin:	ISO code:
	I.6. Country of destination:	ISO code:
	I.7. Place of origin Name: Address:	
		Approval number:
	I.8. Place of shipment:	I.9. Date of departure:
	I.10. Means of transport: <input type="checkbox"/> Airplane <input type="checkbox"/> Ship <input type="checkbox"/> Railway wagon <input type="checkbox"/> Road vehicle <input type="checkbox"/> Other, Identification:	I.11. Country of transit:
		I.12. CITES permit number(s):
	I.13. Description of commodity:	I.14. Commodity code (HS code):
		I.15. Total quantity/weight:
	I.16. Identification of container/seal number:	I.17. Type of packaging:
	I.18. Commodities intended for use as: <input type="checkbox"/> Breeding <input type="checkbox"/> Grow out <input type="checkbox"/> Ornamental <input type="checkbox"/> Competition/Exhibition <input type="checkbox"/> Other, specify:	
	I.19. For import or admission: <input type="checkbox"/> Definitive import <input type="checkbox"/> Re-entry <input type="checkbox"/> Temporary admission	
	I.20. Identification of commodities: <input type="checkbox"/> Amphibian <input type="checkbox"/> Crustacean <input type="checkbox"/> Fish <input type="checkbox"/> Mollusc <input type="checkbox"/> Polychaete <input type="checkbox"/> Other, specify:	
	<input type="checkbox"/> Wild stock <input type="checkbox"/> Cultured stock	<input type="checkbox"/> Live <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen
	Species (Scientific name)	Number (pcs)

Part II: Certification	II. Health information	II. a Certificate reference number:
	<p>II.1 General requirements</p> <p>I, the undersigned official inspector, hereby certify that the aquatic animals referred to in Part I of this certificate:</p> <p>a) have been inspected within 72 hours of loading, and showed no clinical signs of disease;</p> <p>b) are not subject to any prohibitions due to unresolved increased mortality;</p> <p>c) are not intended for destruction or slaughter for the eradication of diseases;</p> <p>d) originate from aquaculture farms that are all under the supervision of the competent authority; and</p> <p>e) no un-explained mass mortality during the past 3 months.</p> <p>II.2 Declaration of health information</p> <p>I, the undersigned, certify that the animals identified above meet the a) or b) conditions:</p> <p><u>a) Source population freedom from the target diseases:</u></p> <p>They are originated from a country, zone, compartment or farm establishment which is free of the target diseases listed below under the official surveillance program in accordance with the OIE Aquatic code. Basic biosecurity conditions as defined in the OIE Aquatic Code have been applied continuously during the last two years surveillance.</p> <p>For fish*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection with <i>Aphanomyces invadans</i> (epizootic ulcerative syndrome) <input type="checkbox"/> Infection with epizootic haematopoietic necrosis virus <input type="checkbox"/> Infection with <i>Gyrodactylus salaris</i> <input type="checkbox"/> Infection with HPR-deleted or HPR0 infectious salmon anaemia virus <input type="checkbox"/> Infection with infectious haematopoietic necrosis virus <input type="checkbox"/> Infection with koi herpesvirus <input type="checkbox"/> Infection with red sea bream iridovirus <input type="checkbox"/> Infection with salmonid alphavirus <input type="checkbox"/> Infection with spring viraemia of carp virus <input type="checkbox"/> Infection with viral haemorrhagic septicaemia virus <p>For Crustacean*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute hepatopancreatic necrosis disease <input type="checkbox"/> Infection with <i>Aphanomyces astaci</i> (crayfish plague) <input type="checkbox"/> Infection with <i>Hepatobacter penaei</i> (necrotising hepatopancreatitis) <input type="checkbox"/> Infection with infectious hypodermal and haematopoietic necrosis virus <input type="checkbox"/> Infection with infectious myonecrosis virus <input type="checkbox"/> Infection with <i>Macrobrachium rosenbergii</i> nodavirus (white tail disease) <input type="checkbox"/> Infection with Taura syndrome virus <input type="checkbox"/> Infection with white spot syndrome virus <input type="checkbox"/> Infection with yellow head virus genotype 1 <input type="checkbox"/> Infection with Decapod iridescent virus1 (DIV1) 	

Part II: Certification	II. Health information	II. a Certificate reference number:																																																													
	<p>For molluscs*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection with abalone herpesvirus <input type="checkbox"/> Infection with <i>Bonamia ostreae</i> <input type="checkbox"/> Infection with <i>Bonamia exitiosa</i> <input type="checkbox"/> Infection with <i>Marteilia refringens</i> <input type="checkbox"/> Infection with <i>Perkinsus marinus</i> <input type="checkbox"/> Infection with <i>Perkinsus olseni</i> <input type="checkbox"/> Infection with <i>Xenohaliotis californiensis</i> <p>For amphibians*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection with <i>Batrachochytrium dendrobatidis</i> <input type="checkbox"/> Infection with <i>Batrachochytrium salamandrivorans</i> <input type="checkbox"/> Infection with <i>Ranavirus</i> species <p>For polychaete*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection with white spot syndrome virus <p>* Keep as appropriate for susceptible species.</p> <p><u>b) Batch test negative for the diseases:</u></p> <p>Within 30 days prior to export, samples of aquatic animals were collected from the batch of consignment for testing by laboratory that is designated by the competent authority of exporting country and using the methods described in the OIE Aquatic Manual. The results were negative.</p> <p style="text-align: center;">Results of disease testing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Disease</th> <th style="width: 15%;">Date of sampling</th> <th style="width: 15%;">Sampling amount</th> <th style="width: 15%;">Methods of the tests</th> <th style="width: 5%;">Results of the tests</th> </tr> </thead> <tbody> <tr> <td>For fish*</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with <i>Aphanomyces invadans</i> (epizootic ulcerative syndrome)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with epizootic haematopoietic necrosis virus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with <i>Gyrodactylus salaris</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with HPR-deleted or HPR0 infectious salmon anaemia virus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with infectious haematopoietic necrosis virus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with koi herpesvirus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with red sea bream iridovirus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with salmonid alphavirus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with spring viraemia of carp virus</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Infection with viral haemorrhagic septicaemia virus</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Disease	Date of sampling	Sampling amount	Methods of the tests	Results of the tests	For fish*					<input type="checkbox"/> Infection with <i>Aphanomyces invadans</i> (epizootic ulcerative syndrome)					<input type="checkbox"/> Infection with epizootic haematopoietic necrosis virus					<input type="checkbox"/> Infection with <i>Gyrodactylus salaris</i>					<input type="checkbox"/> Infection with HPR-deleted or HPR0 infectious salmon anaemia virus					<input type="checkbox"/> Infection with infectious haematopoietic necrosis virus					<input type="checkbox"/> Infection with koi herpesvirus					<input type="checkbox"/> Infection with red sea bream iridovirus					<input type="checkbox"/> Infection with salmonid alphavirus					<input type="checkbox"/> Infection with spring viraemia of carp virus					<input type="checkbox"/> Infection with viral haemorrhagic septicaemia virus			
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Part II: Certification	II. Health information		II. a Certificate reference number:		
	Results of disease testing:				
	Disease	Date of sample collection	Sampling amount	Methods of the tests	Results of the tests
	For Crustacean*				
	<input type="checkbox"/> Acute hepatopancreatic necrosis disease				
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	<input type="checkbox"/> Infection with <i>Hepatobacter penaei</i> (necrotising hepatopancreatitis)				
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	<input type="checkbox"/> Infection with infectious myonecrosis virus				
	<input type="checkbox"/> Infection with <i>Macrobrachium rosenbergii</i> nodavirus (white tail disease)				
	<input type="checkbox"/> Infection with Taura syndrome virus				
	<input type="checkbox"/> Infection with white spot syndrome virus				
	<input type="checkbox"/> Infection with yellow head virus genotype 1				
	<input type="checkbox"/> Infection with Decapod iridescent virus1 (DIV1)				
	For molluscs*				
	<input type="checkbox"/> Infection with abalone herpesvirus				
	<input type="checkbox"/> Infection with <i>Bonamia ostreae</i>				
	<input type="checkbox"/> Infection with <i>Bonamia exitiosa</i>				
	<input type="checkbox"/> Infection with <i>Marteilia refringens</i>				
	<input type="checkbox"/> Infection with <i>Perkinsus marinus</i>				
<input type="checkbox"/> Infection with <i>Perkinsus olseni</i>					
<input type="checkbox"/> Infection with <i>Xenohaliotis californiensis</i>					

Part II: Certification	II. Health information		II. a Certificate reference number:		
	Results of disease testing:				
	Disease	Date of sample collection	Sampling amount	Methods of the tests	Results of the tests
	For amphibians*				
	<input type="checkbox"/> Infection with <i>Batrachochytrium dendrobatidis</i>				
	<input type="checkbox"/> Infection with <i>Batrachochytrium salamandrivorans</i>				
	<input type="checkbox"/> Infection with <i>Ranavirus</i> species				
	For polychaete*				
	<input type="checkbox"/> Infection with white spot syndrome virus				
	* Keep as appropriate for susceptible species.				
II.3 Transport and labeling requirements					
I, the undersigned official inspector, hereby certify that:					
a) the live aquatic animals referred to above are placed under conditions, including with water quality, that do not alter their health status;					
b) the transport container is clean and disinfected or previously unused; and					
c) the consignment is identified by a label on the exterior of the container with the relevant information referred to in box I.16. of this certificate.					
This certificate is valid for ten days from the date of issue.					
Certifying Official:					
Name and address (in capital letters):					
Official position:					
Date:		Signature:			
Stamp:		E-mail address:			