

COUNTRY

Fresh or chilled hides and skins of Ungulates

Part II: Certification	II.a.	Certificate reference number	II.b.
	<p>II. Health attestation</p> <p>I, the undersigned official veterinarian, declare that I have read and understood Regulation (EC) No 1774/2002 (*) and in particular Article 6 and Annex VIII Chapter VI thereof and certify that the hides and skins described above:</p> <p>II.1. have been obtained from animals that (*):</p> <p>(a) were slaughtered and their carcasses are fit for human consumption in accordance with Community legislation; or</p> <p>(b) were slaughtered in a slaughterhouse, after undergoing ante-mortem inspection, and were fit, as a result of such inspection, for slaughter for human consumption in accordance with Community legislation;</p> <p>II.2. originate from a country or, in the case of regionalisation in accordance with Community legislation, from a part of a country from which imports of all categories of fresh meat of the corresponding species are authorised and which:</p> <p>(a) for at least 12 months before dispatch, has been free from the following diseases (*):</p> <p style="margin-left: 40px;">[— classical swine fever, and African swine fever,]</p> <p style="margin-left: 40px;">[— rinderpest,]</p> <p>and</p> <p>(b) has been free for at least 12 months before dispatch from foot-and-mouth disease and where, for 12 months before dispatch, no vaccination has been carried out against foot-and-mouth disease (*);</p> <p>II.3. have been obtained from:</p> <p>[animals that have remained in the territory of the country of origin for at least three months before being slaughtered or since birth in the case of animals less than three months old;]</p> <p>[in the case of hides and skins from bi-ungulates, animals that come from holdings in which there has been no outbreak of foot-and-mouth disease in the previous 30 days, and around which within a radius of 10 km there has been no case of foot-and-mouth disease for 30 days;]</p> <p>[in the case of hides and skins from swine, animals that come from holdings in which there has been no outbreak of swine vesicular disease in the previous 30 days, or of classical or African swine fever in the previous 40 days, and around which within a radius of 10 km there has been no case of these diseases for 30 days;]</p> <p>[animals that have shown no evidence of [foot-and-mouth disease], [rinderpest], [classical swine fever], [African swine fever] or [swine vesicular disease] (*) during ante-mortem health inspection at the slaughterhouse during the 24 hours before slaughter;]</p> <p>II.4. have undergone all precautions to avoid recontamination with pathogenic agents.</p> <p>Notes</p> <p>Part I:</p> <p>— Box reference I.6: Person responsible for the consignment in EU: this box is to be filled in only if it is a certificate for transit commodity; it may be filled in if the certificate is for import commodity.</p> <p>— Box reference I.12: Place of destination: this box is to be filled in only if it is a certificate for transit commodity. The products in transit can only be stored in free zones, free warehouses and custom warehouses.</p> <p>— Box reference I.15: Registration number (railway wagons or container and lorries), flight number (aircraft) or name (ship); information is to be provided in the event of unloading and reloading.</p> <p>— Box reference I.19: use the appropriate HS code: 41.01; 41.02 or 41.03.</p> <p>— Box reference I.23: for bulk containers, the container number and the seal number (if applicable) should be given.</p> <p>— Box reference I.26 and I.27: fill in according to whether it is a transit or an import certificate.</p>		

Part II:

() OJ L 273, 10.10.2002, p. 1.

() Delete as appropriate.

() Delete diseases not applicable to the species concerned.

— The signature and the stamp must be in a different colour to that of the printing.

— Note for the person responsible for the consignment in EU: This certificate is only for veterinary purposes and has to accompany the consignment until it reaches the border inspection post.

Official veterinarian

Name (in capitals):

Qualification and title:

Date:

Signature:

Stamp: