

Section 1: Establishment operator (applicant)

You must complete all fields marked as mandatory. Give details of the person who is responsible for the establishment.

Full name including title (Mandatory)

Business or trading name (if applicable)

Operator's address (Mandatory)

Postcode (Mandatory)

Telephone number (Mandatory)

Email address (Mandatory)

Section 2: Location of the establishment from which birds will be moved

Provide details of the establishment from which birds will be moved from:

Establishment's address (if different from the operator's address)

Postcode

County parish holding number (CPH) (Mandatory)

GPS coordinates of the establishment (Mandatory)

Provide the GPS coordinates of the establishment, which you can find using the [MAGIC mapping tool](#).

Section 3: declaration

Before signing this declaration, you should read the [moving racing pigeons to Northern Ireland or EU guidance](#) and make sure you can meet the legal requirements of [export health certificate 8465](#) and [Articles 8 and 62 of Commission Delegated Regulation \(EU\) 2020/692 \(as amended\)](#).

By signing this declaration, I confirm that:

- the establishment has been issued a CPH number and this has been provided in section 2 of this declaration
- I will provide my CPH number and confirmation of establishment registration to anyone moving racing pigeons from the establishment to the EU or Northern Ireland for the purpose of immediate release for racing back to Great Britain
- I agree the establishment will be registered with a veterinary practice
- I agree the establishment will receive at least one visit per year from a veterinarian, which must include an assessment of, and provision of relevant information on, signs of the occurrence of diseases, including the listed diseases referred to in [Annex I to Delegated Regulation \(EU\) 2020/692](#) and diseases notifiable and reportable in Great Britain which are relevant to captive birds
- I will keep evidence for a minimum of 3 years that veterinary visits have occurred and make these records available to APHA for inspection on request
- I will seek advice from a veterinarian if I have any concerns regarding the health of the birds in the establishment
- the birds in the establishment have not been vaccinated against highly pathogenic avian influenza
- all birds in the establishment have been vaccinated against infection with Newcastle disease virus with a vaccine approved by the Veterinary Medicines Directorate, in accordance with the manufacturer's instructions
- I agree to maintain vaccination records for a minimum of 3 years for the birds in the establishment which must include the name of the vaccine administered, batch number and expiry date of vaccine batch, proof of purchase of the vaccine, date administered, number of birds vaccinated, ring number of birds vaccinated, and name of person administering the vaccine
- I agree to APHA contacting me in the event of notifiable disease outbreaks (such as avian influenza) in my area, and I also agree to APHA giving me advice and information on biosecurity and animal disease control
- I understand that the derogation allowing pigeon racing from EU or Northern Ireland to Great Britain will be suspended should my establishment be within a 10 kilometre radius of an outbreak of highly pathogenic avian influenza or infection with Newcastle disease virus while disease control and surveillance activities are undertaken within the relevant zones
- I agree to provide APHA with copies of my records as required by [export health certificate 8645](#) and Articles 8 and 62 of Commission Delegated Regulation (EU) 2020/692 including a copy of this signed declaration either by post or email, if requested
- I understand I will be unable to use the derogations from the animal health requirements for the entry into the EU of captive birds set out in [Article 62 of Commission Delegated Regulation \(EU\) 2020/692](#) if any of the registration requirements set out in this declaration are not met

Signature:

Date:

Data protection