



STATE OF UTAH  
 Utah Department of Agriculture &  
 Food  
 350 North Redwood Road  
 BOX 146500  
 Salt Lake City, UT 84114-6500  
 ag.utah.gov

**FISH HEALTH PROGRAM**  
**DIVISION OF ANIMAL INDUSTRY**

(801) 538-7046  
 Fax: (801) 538-7169

**NON-SALMONID FINFISH**  
**FISH HEALTH APPROVAL APPLICATION**  
**(National Sources)**

The purpose of this form is to determine if testing and disease history information is adequate for the warm and cool water (non-salmonid) species you propose to ship into Utah. The information will be used to assess the risk to Utah's commercial fish industry and native fishes. Please complete this form and send it to the above address.

**Directions to qualify for importation approval:**

1. Complete this form.
2. Determine if testing is necessary and have testing done. Testing of the aquatic animals cultured or present at the farms from which you wish to import fish may be required as part of the approval process. Inspection numbers are provided in the attached pathogen list. The nature of the testing depends on the history of diseases at the facility as completed in this application, on the species to be approved, and the aquatic animals present or cultured at the facility. The most recent inspection shall be within the previous 12 months. The inspection report shall include dates tested, numbers and ages of fish tested, fish species, results, and name of inspector and laboratory. Current AFS *Blue Book* or OIE test methods are minimally required. See the attached *Pathogen List* for specifics on sample sizes, pathogens, samples, etc.

If the species to be approved is: a carp, sucker, minnow or mosquito fish, then testing for the Asian tapeworm (*Bothriocephalus acheilognathi*) is required if the tapeworm is not known in your geographic area. If the tapeworm is found within 100 miles of your facility, then testing or treatment for the tapeworm is required (*Pathogen List* and *Policy Statement* attached). For grass carp, USFWS triploidy test results need to be included.

Virology testing: Two highly sensitive cell lines are required and should be selected by the testing laboratory depending on the fish species to be approved. Tests should be conducted for IPNV, SVCV, and LMBV. Findings of any filterable agent (virus) may result in denial of fish health approval.

3. Send the completed and signed form with the inspection test results to the above address.
4. The Utah Department of Agriculture & Food (UDAF) will review your application. If approval is granted, UDAF will notify you and enter the name of your facility on a list of facilities approved for importation of aquatic animals into Utah. Approval is good for one year.
5. At least two weeks before the date of shipment to Utah, contact UDAF for an *Entry Permit*. An *Entry Permit* is required for each shipment and is valid for up to 30 days. If you plan for multiple shipments of the same lot during the 30 day period, request that this be stated on the *Entry Permit*. There is currently no charge for this service.
6. Before the *Entry Permit* is granted, the applicant for the permit will need to submit a *Fish Health Statement*. The statement certifies that the aquatic animals at your facility are healthy at the time of shipment and have been healthy for the past 45 days. A fish pathologist, fish health inspector, or professional approved by UDAF shall complete the statement (copy attached) and address the following for the species to be imported (see the attached *Pathogen List*). A positive finding of any one of the following may result in postponement of the shipment until the disease episode is over or in reevaluation of approval status:
  - (1) Species on *Pathogen List*: no signs or knowledge of diseases caused by filterable viruses including IPNV, SVC, LMBV, etc.;
  - (2) Catfish: no signs of overt hamburger gill disease (PGD), CCV, ESC, *Heterosporis*, or EUS;
  - (3) All species: no Ich (*Ichthyophthirius multifiliis*);
  - (4) Cyprinoids, mosquitofish: see above directions, number 2, second paragraph;
  - (5) Species on *Pathogen List*: no *Bulbophorus confusus*;
  - (6) Species on *Pathogen List*: no *Centrocestus formosanus*;
  - (7) No record of other diseases in overt or clinical state.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SPECIES TO BE APPROVED \_\_\_\_\_

Indicate if any of the species is  ESA  Threatened  Endangered  Special concern  
 Comments \_\_\_\_\_

- A. Do you rear aquatic animals at your facility? Yes \_\_\_ No \_\_\_ Act as a broker? Yes \_\_\_ No \_\_\_
- B. Have you reared or brokered any species of salmonid (eggs or fish) at your facility within the last 5 years? Yes \_\_\_ No \_\_\_ If yes, explain and attach inspection reports for those species: \_\_\_\_\_

C. Have the species to be approved been reared at any time with or adjacent to salmonids or cyprinids? Yes \_\_\_ No \_\_\_ If yes, explain and indicate species:

D. Are the species to be approved infected with or live in waters contaminated with any of the following pathogens? (see attached *Pathogen List* for descriptions). **IHNV, IPNV, VHSV, SVC, OMV, PKX, MC, RS, CS, BA, CF**; LMBV, CCVD, BC, ESC, EUS, HT Yes \_\_\_ No \_\_\_  
If yes, specify:

E. Is your facility located in an Asian tapeworm endemic area? (see *Pathogen List*) Yes \_\_\_ No \_\_\_ If yes, are any fish in the waters of your facility susceptible to or infected with the Asian tapeworm? Yes \_\_\_ No \_\_\_ If yes, indicate species infected:

F. Have the species to be approved been reared at anytime in waters containing cyprinids (including grass carp)? Yes \_\_\_ No \_\_\_ If yes, indicate species:

G. Species of aquatic vertebrates, plants and crustaceans living in the water source and / or in the water containing the species to be approved:

H. Aquatic animal species cultured for the past 5 years in the waters presently containing the species to be approved:

I. Source of water used for the species to be approved: Closed spring \_\_\_ Well \_\_\_ Open spring \_\_\_ containing fish \_\_\_ Indicate aquatic animal species in the source waters: \_\_\_\_\_

J. If bass, sunfish, or crappie are in our source waters or among the species to be approved, are they endemic carriers of LMBV? Yes \_\_\_ No \_\_\_  
Has LMBV been detected in fish at your facility? Yes \_\_\_ No \_\_\_ If yes, inclusive dates \_\_\_\_\_

K. Aquatic nuisance species (plants and animals) endemic to your waters (*Nuisance Species* list attached):

Zebra Mussel: Yes \_\_\_ No \_\_\_ New Zealand Mud Snail: Yes \_\_\_ No \_\_\_ Other: \_\_\_\_\_

M. Origin and transfer history of your fish (all previous and current growers you have purchased from, dates received, frequency):

N. Cause of aquatic animal mortalities at your facility for the previous year (cause, percent and numbers lost, date, source etc.):

O. Aquatic animal losses in transit to your facility for the last year (cause, percent and numbers lost, date, etc.):

P. Are any aquatic animals at your facility currently undergoing mortality at your facility? Yes \_\_\_ No \_\_\_ If yes, name stock(s) and diagnoses.

Q. Regional fish pathologists, health inspectors, or other individuals involved with testing aquatic animals imported or reared by you:

1. Name _____	Title _____	Phone _____
2. Name _____	Title _____	Phone _____
3. Name _____	Title _____	Phone _____

Please attach inspection reports for your facility and for the facilities you receive fish from. If none exist, indicate. None \_\_\_

**Supplemental information** (please specify appropriate paragraph. Attach additional sheets as necessary). \_\_\_\_\_

#### CERTIFICATION

I certify the information submitted in this application is complete and accurate to the best of my knowledge and belief. I understand any false statement herein may result in the denial or revocation of this application. I understand that overt disease need not be present to disqualify.

Signature \_\_\_\_\_ Date \_\_\_\_\_