



**INDIANA STATE BOARD OF ANIMAL HEALTH**

Discovery Hall  
1202 East 38<sup>th</sup> Street, Suite 100  
Indianapolis, IN 46205-2898  
Telephone: (317) 544-2400  
Fax number: (317) 974-2011  
E-mail: [animalhealth@boah.in.gov](mailto:animalhealth@boah.in.gov)

**BOAH APPLICATION FOR INDIANA  
AQUACULTURE PRE-ENTRY PERMIT**

State Form 53488 (R3 / 4-12)

*INSTRUCTIONS: Submit completed application and all supporting documentation (Fish Health Certificate(s) and certification statement from competent authority for aquatic animal health for state of origin) to the Indiana State Board of Animal Health (BOAH). All requirements must be met in order for the application to be processed. The application should be submitted to BOAH as far in advance of the anticipated movement as possible, but at least 14 days prior to the movement. PLEASE PRINT LEGIBLY.*

***Movement may not occur until the pre-entry permit is approved and issued by BOAH.***

**Facility of Origin Information**

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Name of business: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Location of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

Fish Health inspector: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Indiana Destination Information**

*Spaces for three destinations are included on this form, if there are additional intended destinations; include this information on an additional sheet of paper, or check box below.*

**Check this box if you will submit a season end Fish Destination Report**

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Indiana destination of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Indiana Destination Information #2 (if applicable)**

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Indiana destination of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Indiana Destination Information #3 (if applicable)**

Name of owner: \_\_\_\_\_ Premise ID (optional) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Indiana destination of fish (if other than above): \_\_\_\_\_

County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**Hauler Information**

Name of hauler: \_\_\_\_\_ IDNR Permit number: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Shipment Information**

Pre-entry permit requested for:

Species in proposed movement	Size (age or length)	Quantity (number or weight)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Anticipated date or window of movement: \_\_\_\_\_

**Applicant Agreement**

This application was completed by: \_\_\_\_\_ of \_\_\_\_\_  
(Printed name) (Affiliation)

on \_\_\_\_\_  
(Date: month, day, year)

**I affirm that all information on this application is true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Certifying Documentation Information**

Fish Health Certificate date/number: \_\_\_\_\_  
Veterinarian's name: \_\_\_\_\_  
Competent aquatic animal health authority: \_\_\_\_\_  
Date certifying statement issued: \_\_\_\_\_  
VS 1-27 number: \_\_\_\_\_

**APPROVED**  **or DENIED**  Reason for denial \_\_\_\_\_

**BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_