

**2025-26 Application for  
Single Move Permit Governing the Importation of  
Poultry and Hatching Eggs into the State of Iowa**

North Central Poultry Association  
Phone: 515-727-4701  
Email to: elydia@ncentralpoultry.com

**Applicant Information:**

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Origin (if different than above)** \_\_\_\_\_

**Destination Information:**

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby apply to the Iowa Poultry Association National Plans Board for permission to ship the following into the state of Iowa. Please **list the number** of all products that apply.

- |                                       |                                          |
|---------------------------------------|------------------------------------------|
| _____ Egg-type chicken hatching eggs  | _____ Egg-type chicks                    |
| _____ Meat-type chicken hatching eggs | _____ Meat-type chicks                   |
| _____ Turkey hatching eggs            | _____ Turkey poults                      |
| _____ Waterfowl hatching eggs         | _____ Waterfowl less than 8 weeks        |
| _____ Exhibition hatching eggs        | _____ Exhibition birds less than 8 weeks |
| _____ Game bird hatching eggs         | _____ Game birds less than 8 weeks       |
| _____ Other _____                     |                                          |

I am familiar with the rules and regulations governing the importation of poultry and hatching eggs into the state of Iowa and agree to comply with the same.

\_\_\_\_\_  
Signature of Breeder or Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please type or print the above name.

**Section II:**

**Date of Request** \_\_\_\_\_ **Date of Movement** \_\_\_\_\_

Certificate to be used (list certificate #) \_\_\_\_\_

Signature of Veterinarian \_\_\_\_\_

**(Please attach testing reports and certificate of veterinary inspection)**

Date

Title

<b>OFFICE USE ONLY</b>
Permit No.: _____
Expires: _____