**Department of Agriculture Environment and Rural Affairs (DAERA)**

**OWNER'S/EXPORTER'S/MANAGER’S DECLARATION - HATCHERY**

**EXPORT OF HATCHING EGGS TO EU MEMBER STATES**

REFERENCE: CERTIFICATE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address)

As owner\*/exporter\*/manager\* of the hatchery below for hatching eggs from flocks on the attached schedule of species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Address | Establishment Approval number  | NIPHAS Approval number |
|  |  |  |  |

To be certified for export on the above certificate

To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ I declare that:

 (Country) (Date) (Time)

(At \* delete if not applicable)

1. The hatchery complies with the requirements of NIPHAS and can provide test results to the certifying officer.
2. The hatchery is not subject to movement restrictions and is not in a restricted zone as a result of an occurrence of avian disease.
3. The hatching eggs come from flocks that have been continuously in one or more approved establishments, that is are members of NIPHAS, since hatching or for at least 42 days before the hatching eggs for export were collected.
4. The hatching eggs have been individually marked with the approval number of the establishment of the flock of origin.
5. The hatching eggs have been disinfected.
6. The hatching eggs
	1. **\***Have not been vaccinated against Newcastle Disease or
	2. **\***Have been vaccinated against Newcastle Disease (applicable only to chickens (*Gallus gallus)* and turkeys) using

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

**(Name and type (live or inactivated) of Newcastle disease virus strain used in vaccine(s))**

At the age of \_\_\_\_\_\_\_\_\_\_\_\_weeks

\*Live attenuated vaccines comply with the criteria of Annex VI to Delegated Regulation (EU) 2020/688, that is, they were authorized in GB, NI or EU.

If other, describe here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If inactivated vaccine was used, delete.

1. The boxes/containers used for transporting the hatching eggs:
	1. Contain only hatching eggs of the same species, category and type and are of the same health status;
	2. Are labelled with:
2. the name of the Member State of origin
3. the approval or registration number of the establishment of origin
4. the species of poultry
5. the number of hatching eggs in each box;
	1. Are \*either unused and purpose-designed disposable containers will be destroyed after first use OR

\*Are cleaned and disinfected after use and dried or allowed to dry before next use.

1. \*Delete if the hatchery is not responsible for transport.

 The means of transport (road/rail vehicle, vessels/aircraft) and the containers/boxes in which the hatching eggs are transported are:

1. Constructed so that hatching eggs cannot escape or fall out
2. Are cleaned and disinfected as soon as possible after every transport of hatching eggs or any item representing an animal health risk and if necessary, cleaned and disinfected again and in any case dried or allowed to dry before any new loading of hatching eggs.
3. Medicines and monitoring records, lab reports and Owner`s Declarations for the flocks of origin, listed in the Schedule below, are available as required by the certifying veterinarian.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE – HATCHERY**

FOR FLOCKS OF ORIGIN OF HATCHING EGGS FOR EXPORT ON

INTRA.XI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Address | FlockApproval number  | NIPHAS Approval number |
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