

## CHRONIC WASTING DISEASE (CWD) PROGRAM APPLICATION

**MANDATORY PARTICIPATION:** All persons, individuals, entities or businesses that own or maintain one or more of any of the CWD-susceptible species of the genera *Cervus*, *Odocoileus* or *Alces* including elk, white-tailed deer, moose, mule deer, black-tailed deer, sika deer, red deer or hybrid thereof, in captivity within this Commonwealth are required to enroll in and adhere to the requirements of either the Chronic Wasting Disease Herd Certification Program or the Chronic Wasting Disease Herd Monitoring Program. Persons, premises and animals that were enrolled in either the CWD Herd Certification Program or the CWD Herd Monitoring Program under authority of the February 4, 2011 General Quarantine Order Chronic Wasting Disease Program shall enroll under the Department's amended General Quarantine Order; Chronic Wasting Disease Program, utilizing this form. Failure to enroll is a violation of the provisions of the General Quarantine Order; Chronic Wasting Disease Program, created under the authority of the Domestic Animal Law (DAL)(3 Pa.C.S.A. §§ 2301-2389) and the Quarantine provisions established at section 2329 of the DAL (3 Pa.C.S.A. §§ 2329). A person found in violation of the DAL shall be subject to civil penalties (up to \$10,000 for each offense) and criminal penalties established under the DAL.

**PARTICIPATION WITH NON-CWD SUCEPTIBLE SPECIES:** If you do not own or maintain one or more of any of the CWD-susceptible species of the genera *Cervus*, *Odocoileus* or *Alces* including elk, white-tailed deer, moose, mule deer, black-tailed deer, sika deer, red deer or hybrid thereof, in captivity within this Commonwealth then you do not meet the Chronic Wasting Disease program definition and you are not required to be enrolled as such.

However, you may still choose to participate as a Chronic Wasting Disease Program Herd if you have cervids that are not currently considered CWD susceptible species as listed above. If you elect to participate, **complete the full application** with knowledge that by doing so you are voluntarily consenting to be a participant and regulated by the Department. In order for full certification to be achieved, CWD testing must be performed on all mortalities in animals 12 months of age or older. That testing must follow all regulations which govern testing as stated in the CWD General Quarantine Order despite the fact that the quarantine order does not mandate testing of non-CWD susceptible species, and to abide by and be subject to the provisions of the Domestic Animal Law and the General Quarantine Order; Chronic Wasting Disease Program (3 Pa.C.S.A. §§ 2301-2389), including all regulations promulgated thereunder and all penalties allowed thereby.

**SEPARATE APPLICATION REQUIRED:** A separate program enrollment form shall be required for each program herd on each premises, which shall mean each separate level of Certified Status and each Monitoring herd held in captivity. For example, where one herd of CWD-susceptible species will be enrolled in the CWD Herd Certification Program and another is enrolled in the CWD Herd Monitoring Program, a separate program enrollment form shall be required for each of those herds denoting a different program. Separation between perimeter fences shall be no less than 30 feet for animals on different programs for the same participant or between different participants.

**I. PART 1: *Chronic Wasting Disease Program Designation***

Please select below the applicable CWD Program, based on the 2014 General Quarantine Order, as either a new or previous participant. Indicate the last box of this Part if you are enrolling any non-CWD susceptible species onto a CWD Program.

<input type="checkbox"/> <b>NEW CHRONIC WASTING DISEASE PROGRAM APPLICATION</b> <input type="checkbox"/> <b>HERD MONITORED PROGRAM (HMP)</b> <input type="checkbox"/> <b>HERD CERTIFIED PROGRAM (HCP)</b>
<input type="checkbox"/> <b>RE-ENROLLMENT OF CHRONIC WASTING DISEASE PROGRAM HERD</b> <input type="checkbox"/> <b>HERD MONITORED PROGRAM (HMP)</b> <input type="checkbox"/> <b>HERD CERTIFIED PROGRAM (HCP)</b>
<input type="checkbox"/> <b>PARTICIPANT ENROLLING NON-CWD SUSCEPTIBLE SPECIES</b>

Program applications must be either typed or printed, and the original signed application returned to:

**Commonwealth of Pennsylvania**  
**Department of Agriculture**  
**Bureau of Animal Health and Diagnostic Services**  
**2301 North Cameron Street**  
**Harrisburg, PA 17110-9408**  
**Phone 717-783-5309**  
**Fax 717-787-1868**

All information must be completed and incomplete applications will be returned.

**II. PART 2: *Applicant Information***

- The information requested below must be supplied for every person who holds an ownership interest in the CWD program herd.

<b>Name of Chronic Wasting Disease (CWD) Program Participant to appear on certificate</b>	<b>PA Premises Identification Number</b>	<b>County</b>
Business Name of Participant, if any:		
Mailing Address: (street address, city, state, zip code)		
<b>CWD Premises Address (physical location of the herd)</b> (street address, city, state, zip code)		<b>Township/Borough</b>
Does this premises have a Cervidae Livestock Operations license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt		
If yes, what is the license number? _____		
Provide directions if no street address is available for the premises.		

CWD Program Herd Owner(s) / Applicant(s):	Contact Information
Owner 1: (name and title / relationship to CWD participant) ----- Mailing Address (street address): ----- (city, state, zip code):	Telephone Number: (    ) Fax Number: (    ) Mobile Number: (    ) E Mail Address:
Owner 2: (name and title / relationship to CWD participant) ----- Mailing Address (street address): ----- (city, state, zip code):	Telephone Number: (    ) Fax Number: (    ) Mobile Number: (    ) E Mail Address::
Owner 3: (name and title / relationship to CWD participant) ----- Mailing Address (street address): ----- (city, state, zip code):	Telephone Number: (    ) Fax Number: (    ) Mobile Number: (    ) E Mail Address:

2. Authorized Agents – Enter the following information regarding individuals who may act on behalf of the Owners/ Applicants regarding paperwork filed with the Department:

Name	Address (street address, city, state, zip code)	Contact Information
		Telephone Number: (    ) Fax Number: (    ) Mobile Number: (    ) E Mail Address:
		Telephone Number: (    ) Fax Number: (    ) Mobile Number: (    ) E Mail Address:
		Telephone Number: (    ) Fax Number: (    ) Mobile Number: (    ) E Mail Address:

3. Location at which records required under the Chronic Wasting Disease Program will be kept.

Address (street address, city, state, zip code)

### **III. PART 3: *Additional Registration Details***

Are there other cervid herds at this location?  Yes or  No,

If yes, provide the Pennsylvania Premises Identification Number(s) \_\_\_\_\_.

If yes, has(have) a separate application(s) been filed?  Yes or  No

### **IV. PART 4: *Applicant Verification, Certification and Acknowledgment*** **(All Applicants Previously Listed Must Sign Below)**

The applicant(s) verifies to the Commonwealth of Pennsylvania, Department of Agriculture, Bureau of Animal Health and Diagnostic Services, that:

1. The information contained herein and in all attachments and supporting material is true and correct, the filing of the Chronic Wasting Disease Program Application has been duly authorized by the applicant(s), and the Board of Directors thereof if a corporation, and the undersigned(s) has/have authority to execute this Chronic Wasting Disease Program Application on behalf of the applicant(s). The applicant(s) affirm(s) the information set forth in this Chronic Wasting Disease Program application form is true and correct to the best of his/her knowledge, information and belief and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.
2. All information provided herein and in all attachments and supporting documents are material to this Chronic Wasting Disease Program Application. By executing this Chronic Wasting Disease Program Application, applicant(s) acknowledge and agree that all misrepresentations are and will be considered material misrepresentations and misstatements.
3. The undersigned applicant hereby acknowledges, verifies, and certifies persons set forth in number 2 (Authorized Agents) of Part 2 of this program application have binding signatory authority and may sign all documents and forms required by the CWD Program General Quarantine Order.
4. It shall be the duty of the undersigned applicant to notify the Department in writing of any changes in status of ownership or agency related to this program application or any change of program designation.

