

# COMPANY LETTERHEAD OR STATIONARY\*

Date: \_\_\_\_\_

To: Export Department  
USDA, APHIS, Veterinary Services  
1111 Deming Way, Suite 100  
Madison, WI 53717

For the following products: \_\_\_\_\_

(enter product here, i.e. cheese, nutritional supplement, hides - whatever is listed here must be listed in identical fashion on the export certificate)

Being exported to: \_\_\_\_\_ (enter destination country)

I, \_\_\_\_\_ (*list your name, title and position of authority [person signing the affidavit should be well qualified to make the statements, and should have firsthand knowledge that the statements are true, i.e. president, quality control manager, etc]*) am authorized to represent \_\_\_\_\_ (*company name*) and am qualified to verify the information provided in this notarized affidavit.

The products listed above were only derived from the following animal species, or only contain the following animal origin ingredients: \_\_\_\_\_  
(enter all animal origin ingredients or species of origin here, i.e. bovine dairy, poultry egg - whatever is listed here must be listed in identical fashion on the export certificate)

*(List the statements requested by the importing country. Please note that statements regarding the disease status of Wisconsin or the U.S. should not be included in this affidavit. Do NOT include the sentence starting with "This office has on file...").*

- Statement 1
- Statements 2, 3, 4, etc. (if needed)

I certify that the statements listed above are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Official

\_\_\_\_\_  
Date (Please make sure date signed matches date at top of affidavit – affidavits are valid for 1 year unless an earlier expiration date is noted)

NOTARIZE HERE

**\*Red text is for instruction only. Please delete from final notarized affidavit.**