

日本国農林水産省  
輸出検疫証明書

EXPORT QUARANTINE CERTIFICATE

Ministry of Agriculture, Forestry and Fisheries, Japanese Government

検疫証明書番号

Certificate No. \_\_\_\_\_

申請者住所

Address of applicant \_\_\_\_\_

発行年月日

Date of issue \_\_\_\_\_

氏名(法人にあつては、その名称及び代表者の氏名)

Name (In case of juridical person, state its title and name of representative) \_\_\_\_\_

下記は、家畜伝染病予防法の規定に基づく検査の結果、家畜の伝染疾病の病原体を拡散するおそれがないことを証明する。

This is to certify that the undermentioned animals are free from any evidence of disseminating causative agent of any animal infectious disease in consequence of the inspection referred to the Domestic Animal Infectious Diseases Control Law.

物品の種類 Kind of article	
重量、個数又はこうり数 Weight, No. of package or containers	
商標 Trade Mark	
容器包装の種類 Kind of container or package	
荷送人住所氏名 Name & address of consignor	
荷受人住所氏名 Name & address of consignee	
とう載地及びとう載年月日 Date & place of shipment	
とう載船舶(航空機)名 Name of ship or flight	
検査実施年月日及びその状況 Date & condition of inspection	
備考 Remarks	

農林水産省動物検疫所  
Animal Quarantine Service

家畜防疫官  
Animal Quarantine Officer

氏名  
(Signature) \_\_\_\_\_

***Attached to the export quarantine certificate  
for fresh shell eggs***

Certificate No. \_\_\_\_\_

Name of production facility	
Address of production facility	
Date of production (yyyy/mm/dd)	

I, the undersigned animal quarantine officer, hereby certify that;

1. High pathogenicity avian influenza (HPAI) and Newcastle disease (ND) shall be listed as notifiable animal diseases in Japan
2. Japan is free from Newcastle disease.
3. Japan (\_\_\_\_\_ prefecture) is free from high pathogenicity avian influenza.
4. Japan (\_\_\_\_\_ prefecture) has been free from H5 or H7 subtype low pathogenicity avian influenza for at least 28 days in Japan prior to export.
5. The shell eggs have had their surfaces sanitized and are transported in new or appropriate sanitized packaging materials.
6. The shell eggs are derived from infertile eggs.
7. The shell eggs are originated in \_\_\_\_\_.

Ministry of Agriculture, Forestry and Fisheries  
Japanese Government

Place of issue: \_\_\_\_\_

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

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

(Official Veterinarian)

(Official stamp)