To whom it may concern,

I hereby formally request permission for exemption from the following movement requirement **(*tick where appropriate*)**

|  |  |
| --- | --- |
|  | **Vaccination requirements for movement (unvaccinated or vaccinated more than 24 months ago)** |
|  | **Passport requirements for movement (microchip is required in this case)\*** |
|  | **Movement within 40 days of vaccination** |
|  | **Exemption for the 48hr requirement for Health Certification for Movement** |

For the following horses:

|  |  |  |
| --- | --- | --- |
| **Horse Name**  | **Microchip No\* (passport exemptions)** | **Passport Number** |
|  |  |  |
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 stabled at

|  |  |
| --- | --- |
| **Holding Name and ID (if known)** |  |
| **Address** |  |
| **GPS Coordinates (if ID unknown)** |  |
| **Contact No. and Email** |  |

Please supply the exact reason for exemption request and details of the request in full detail (incomplete descriptions will be denied exemption permission):

|  |
| --- |
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|  |

Yours sincerely,

………………….. …………………………… ……………………………

Applicant name and signature Contact no Date

***This application must accompany a formal movement permit application and must be submitted at least 2 working days ahead of the intended movement date.***