



Florida Department of Agriculture and Consumer Services  
 Division of Animal Industry  
 Bureau of Animal Disease Control

NICOLE "NIKKI" FRIED  
 COMMISSIONER

**APPLICATION FOR  
 NEGATIVE EIA TEST VERIFICATION CARD**

585.145, 585.671, F. S.; Section 5C-4.0016, F.A.C.

[www.EquinePrograms@FDACS.gov/ai](http://www.EquinePrograms@FDACS.gov/ai)

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

Remit \$5.00 for *each* negative EIA card applying for Online at:  
[www.FDACS.gov/ai](http://www.FDACS.gov/ai)

- or -

Check or Money Order Payable to FDACS and remit to:  
 Equine Programs Office  
 407 South Calhoun St. Room 329  
 Tallahassee, Florida 32399-0800

OWNER/AGENT

DATE

MAILING ADDRESS

COUNTY

CITY, STATE, ZIP CODE

DAYTIME TELEPHONE NUMBER

SIGNATURE OF APPLICANT

In accordance with the rules of the State of Florida, Section 5C-18, Florida Administrative Code, I hereby request Equine Movement Card(s) on the following Equine Infectious Anemia Laboratory Test:

**NAME OF HORSE**

**Corresponding EIA LABORATORY ACCESSION NUMBER**

**DOCUMENTS TO ACCOMPANY FEE:**

- a completed application
- original(s) or legible photocopy(ies) of Equine Infectious Anemia Laboratory Test (VS Form 10-11) or color copy of electronic EIA test with digital images.
- Digital image of L side, R side and front of horse(s) on CD

Org. Code: 42 09 02 01 000  
 OE: A2  
 Object Code: 001247 Fee: \$5.00