

**FORM 13 - STATEMENT FROM TRUCKER
CHRONIC WASTING DISEASE HERD CERTIFICATION PROGRAM**

Trucking Company or Owner/Operator Name:

DATED: _____

Re: CFIA Cervid Movement Permit # _____

To Whom It May Concern:

I would like to confirm that I transported the animals as referenced above on CFIA Transport Permit # _____.

- Cervids on this permit were returned to the premises and the truck was cleaned (power washed or scrubbed with low pressure water, detergent and a brush) of all visible organic material and disinfected in keeping with the National Standards prior to loading and upon returning to the premises.

- Cervids on this permit were transported direct to slaughter in a vehicle with other cervids of mixed status and the truck was cleaned (power washed or scrubbed with low pressure water, detergent and a brush) of all visible organic material and disinfected in keeping with the National Standards prior to entering/returning to the premises.

- Cervids on this permit were transported under circumstances other than those listed above, and the vehicle was cleaned and washed of all organic material (disinfection was not required).

I confirm that I am adhering to the protocol for cleaning transportation vehicles as per Section 5 of Form

11, signed _____.

Sincerely,

Driver's Name: _____

Contact Information: _____

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