

## ANNEX II

**MODEL DECLARATION TO BE PROVIDED BY THE OPERATOR/DRIVER OF THE LIVESTOCK VEHICLE ENTERING THE UNION FROM THIRD COUNTRIES OR PARTS OF THE TERRITORY OF THIRD COUNTRIES WHERE THE PRESENCE OF AFRICAN SWINE FEVER IS CONFIRMED**

I, the operator/driver of the livestock vehicle ..... declare that:  
(insert number of registration plate)

— the most recent unloading of animals and feed took place at:

Country, region, place	Date (dd.mm.yy)	Time (hh:mm)

— following unloading, the livestock vehicle was subject to cleansing and disinfection. The cleansing and disinfection included the livestock or loading compartment, [the truck body] (delete if not applicable), the loading ramp, the equipment having been in contact with animals, the wheels and the driver's cabin and protective clothes/boots used during unloading.

The cleansing and disinfection took place:

Country, region, place	Date (dd.mm.yy)	Time (hh:mm)

— the disinfectant has been used at the concentrations recommended by the manufacturer (to indicate the substance and its concentration):

— the next loading of animals will take place at:

Country, region, place	Date (dd.mm.yy)	Time (hh:mm)

Date	Place	Signature of the operator/driver

Name of operator/driver of the livestock vehicle and its business address (in block letters)

## ANNEX III

**CLEANSING AND DISINFECTION CERTIFICATE FOR LIVESTOCK VEHICLES ENTERING THE UNION FROM  
THIRD COUNTRIES OR PARTS OF THE TERRITORY OF THIRD COUNTRIES WHERE THE PRESENCE OF  
AFRICAN SWINE FEVER IS CONFIRMED**

I, the undersigned official certify that I have checked:

1. the livestock vehicle(s) with the registration plate(s) ..... today  
(insert number(s) of registration plate(s))

and by visual control found the livestock or loading compartment, [the truck body] <sup>(1)</sup>, the loading ramp, the equipment having been in contact with animals, the wheels and the driver's cabin and protective clothes/boots used during unloading satisfactorily cleansed.

2. the information presented in the form of a declaration as set out in Annex II to Commission Implementing Decision 2013/426/EU or in another equivalent form covering the items set out in Annex II to Commission Implementing Decision 2013/426/EU.

Date	Time	Place	Competent authority	Signature of the official (*)
Stamp:	Name in block letters: .....			

(\*) The colour of the stamp and the signature must be different from that of the printing.

<sup>(1)</sup> Delete if not applicable.