



FSIS Letterhead Certificate for Export of Beef and Beef Products to Barbados

Certificate Number: _____

Consignee Name & Address: _____

Exporter Name & Address: _____

Identification of the Products

Type of Meat	Number of Packages	Net Weight	Type of Packages

Slaughter Est. Number, Name and Address: _____

Processing Est. Number, Name and Address: _____

Destination of the Meat

Country and Place of Dispatch	
Country and Place of Destination	
Nature and Identification of Transport Means (e.g.. flight or name of ship)	

Signature of FSIS Veterinarian: _____



United States
Department of
Agriculture

Food Safety
and Inspection
Service

Washington, D.C.
20250

Certificate Number: _____

The undersigned official veterinarian certifies that:

1. The United States is free from Foot and Mouth Disease and Rinderpest.
2. The United States complies with the conditions in Article 2.3.13.4 of the Terrestrial Animal Health Code of the OIE, as a country that presents a Controlled Risk for Bovine Spongiform Encephalopathy.
3. The fresh meat and meat products were produced and handled in a manner which ensures that such products do not contain and are not contaminated with the following specified risk materials: the brain, skull, eyes, trigeminal ganglia, spinal cord, vertebral column (excluding the vertebrae of the tail, the transverse processes of the thoracic and lumbar vertebrae, and the wings of the sacrum) and dorsal root ganglia of cattle 30 months of age and older; and the tonsils and distal ileum of the small intestine of any cattle regardless of age.
4. The product was obtained from animals of U.S. origin or from animals and/or products that were legally imported in accordance with U.S. import requirements.
5. The cattle from which the fresh meat products destined for export were derived were not subjected to a stunning process, prior to slaughter, with a device injecting compressed air or gas into the cranial cavity, or to a pithing process.

Signature of Official Veterinarian: _____

Printed Name: _____

Title/Professional Degree: _____