



New Jersey CEM Quarantine Facility Application

New Jersey Department of Agriculture
Division of Animal Health
P.O. Box 400, Trenton, NJ 08625
www.nj.gov/agriculture
(609) 671-6400

Section 1: Applicant			
Name of Individual, Partnership, Corporation or LLC:			
Business Mailing Address:		City:	State: Zip Code:
Business Physical Address (if different than mailing):		City:	State: Zip Code:
Business Phone: ()		Fax: ()	
Business Email Address:			
Circle Business Status: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated (* check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership Complete Section 1A if an individual. Complete Section 1B if an entity.			
Section 1A: Complete if INDIVIDUAL			
Full name	Home Mailing Address	Email Address	Phone Number(s)
			Home () Cell ()
Section 1B: Complete if PARTNERSHIP, CORPORATION OR LLC			
Full Name and Title of EACH partner, LLC member, or corporation officer	Home Mailing Address	Email Address	Phone Number(s)
			Home () Cell ()
			Home () Cell ()
			Home () Cell ()
			Home () Cell ()

Are you applying to accept the following at the facility? *Circle One* Mares Stallions Both
Maximum capacity of stallions: _____

Disclaimer: NJDA will consider a proposed CEM facility able to accept imported stallions and mares or mares only; however, NJDA in its discretion may approve applications for stallions and mares as a “mare only” facility.

Section 2: CEM Quarantine Facility Infrastructure Information - All Applicants Complete This Section	
1) Is the facility enclosed, sound, and contains permanent building(s) with surfaces able to withstand frequent cleaning and disinfection without deterioration? <i>If yes, please attach a written description of the building(s) proposed as the quarantine facility. Include photographs if possible.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2) Is the facility secure so as to protect against animal escape, unauthorized removal, and unauthorized persons or other animals from entering?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3) Is the proposed quarantine building a separate unit from where other equine are kept on the property?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4) Are the stalls in the proposed quarantine building arranged in a way where individual imported horses can be separated from each other, either by an empty stall, an empty area where horses cannot touch each other, or by a solid wall that is at least 8 feet (2.4 m) high or that is flush with the ceiling? <i>If yes, please attach a written statement providing full details of this matter and photographs of the interior of the building if possible.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5) Does the facility have the ability to segregate the horses at all times?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6) A. Does the facility have the ability to provide turn out that is separated from all other horses? B. If yes, is the paddock fencing secure and maintained at least a 30 foot distance between horses? <i>If yes, please attach a written description of the proposed paddocks and include photographs if possible.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
7) A. What is the maximum number of horses that can be housed in the proposed quarantine facility? Number: _____ B. Can the facility provide sufficient personnel to care for the maximum number of horses? <i>If no, please explain.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
8) Have you, or if you are a corporation, partnership or LLC, any of your officers, directors, partners, agents or persons in position of management and/or control ever been the subject of a matter of legal or regulatory non-compliance by the New Jersey Department of Agriculture or any other state/federal agency for violations relating to livestock (this includes but is not limited to humane treatment, quarantine, payment delinquency/default and other regulatory violations)? <i>If yes, please attach a written statement providing full details of the matter including the nature of the matter, the person/persons involved, the year it occurred and outcome.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
9) Please provide a map (may be electronic) of your premises that identifies the proposed quarantine building(s) and area(s). <i>Please identify on the map the areas of CEM use and non-CEM use.</i>	
Complete Questions #10-13 if applying for stallion facility. If mare only facility, move to Section 3	
10) Can the walking path for the stallion from the stall to the live cover area be free from other horses?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11) Is the proposed location of live cover acceptable for all weather use and can be cleaned and disinfected or sit fallow until treatment is completed and testing is reported as not detected? <i>If yes, please attach a written statement providing full details of this matter and photographs of the area if possible.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
12) Can the facility accommodate a space to keep test mares on site? <i>Please attach a written description of where mares will be kept when in use and when not in use.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
13) Is the facility planning to simultaneously test more than one stallion? <i>If yes, please attach a written description of the proposed living space for stallions, including the number of stallions and test mares the proposed plan can accommodate at one time, physical markers that will ensure separation between stallions and other horses. Include photographs if possible.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 3: CEM Quarantine Facility Management Information - All Applicants Complete This Section

1) Can all equipment and tack used for exercising the horses remain within the quarantine facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2) Can the quarantine area have dedicated equipment for feeding, watering, grooming, and cleaning?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3) Can each horse under quarantine have its own, not shared, bucket, brushes, sponges, and tack?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4) Can adequate food, water, and shelter be provided to the horses at the CEM quarantine facility?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5) Are you willing and able to comply with the requirement of posting clearly identifiable quarantine area signage?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6) Does all drainage from the quarantine area flow into parts of the premises away from other horses?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7) Can you commit to implementing an approved protocol for the handling and disposal of manure, bedding, waste, and any related shipping material that is in compliance with N.J.A.C. 2:91 (Animal Waste Management), 9 CFR 93.301, and VS Guidance document 13406.3, all as amended and supplemented?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8) Can the facility secure an accredited veterinarian(s) that is trained or willing to be trained to collect CEM samples?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9) If you answered "Yes" to #8, can the veterinarian(s) be available at any time necessary to conduct required testing?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10) Can you commit that horses under quarantine will not be bred, collected, or subjected to genital examination or cleaning beyond what is required for CEM testing as detailed in the VS Guidance 13406.3?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11) Are you willing and able to restrict access of unauthorized visitors and pets to the quarantine area and maintain a logbook to record authorized visits?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12) Can a supply of appropriate disinfectant be maintained at the facility? <i>Appropriate disinfectants include: Clorox® (Sodium hypochlorite 5.25%, The Clorox Company) diluted at 1 part Chlorox to 32 parts water, Nolvasan® (Fort Dodge), 1 Stroke Environ®(Calgon Vestal Laboratories, Inc.)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
13) Upon arrival, the trailer used to transport imported horses must be stripped of bedding and manure, cleaned, and treated with an appropriate disinfectant. Do you have the ability to be present at time of CEM horse arrival to unseal the trailer and perform and attest to the cleaning and disinfection of the transport trailer? <i>If no, please explain:</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
14) Is the facility management prepared to supply personal protective equipment reserved for the quarantine areas and ensure its appropriate use by authorized personnel?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15) Can a foot bath be available at the quarantine entrance and its use be enforced to authorized personnel entering the quarantine area?	YES <input type="checkbox"/> NO <input type="checkbox"/>
16) Can the facility management adhere to 9 CFR 93.301 and VS guidance document 13406.3, as amended and supplemented?	YES <input type="checkbox"/> NO <input type="checkbox"/>

17) Can the facility management adhere to all livestock disease and treatment regulations as stated in N.J.A.C. 2.2 (Disease Control Program), 2.5 (Quarantines and Embargoes on Animals) and 2.8 (Humane Treatment of Domestic Livestock), all as amended and supplemented?	YES <input type="checkbox"/> NO <input type="checkbox"/>
18) Do you, or if you are a corporation, partnership or LLC, any of your officers, directors, partners, agents or persons in position of management and/or control have any involvement in any other Equine or Equine-related business endeavor? <i>If yes, please attach a written statement providing full details of the business endeavor(s) and the person(s) involved.</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
19) This program requires paper and electronic documentation to be created and maintained. Additionally, record retention and timely communication is a requisite for a CEM Quarantine Facility. <i>In a separate document, please explain your current or proposed record keeping system. Please also explain how you will retain and communicate the records electronically.</i>	X

Please provide details or further explanation to any answers above as an attachment.

Section 4: Applicant's Signature

In signing this application, I certify the foregoing responses/entries are true. I understand that I must notify NJDA, if, at any time prior to notification of the determination of this application by NJDA, there has been a change to the any of the responses above, including, but not limited to, changes to the name, address, management, operation or ownership of my business. I understand that any material nondisclosure or misrepresentation of fact in this Application can be grounds for denial of the Application and grounds for the revocation of any license to operate a CEM quarantine facility (or renewal thereof) that has been granted.

_____ Date	_____ Applicant's Name (Print)	_____ Applicant's Signature
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****If a partnership, corporation or LLC, all individuals listed in Section 1B must sign.***

_____ Date	_____ Applicant's Name (Print)	_____ Applicant's Signature
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_____ Date	_____ Applicant's Name (Print)	_____ Applicant's Signature
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_____ Date	_____ Applicant's Name (Print)	_____ Applicant's Signature
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_____ Date	_____ Applicant's Name (Print)	_____ Applicant's Signature
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Section 5: Return application

Mail application:
New Jersey Department of Agriculture - Division of Animal Health
PO Box 400
Trenton, NJ 08625-0330

OR

Email application:
state.veterinarian@ag.nj.gov
(Please use subject: "CEM Application")