

PDA GEBV CULL CERTIFICATION FORM

DATE

Premises Name/Name	The Pennsylvania Department of Agriculture (PDA) has opened Phase 2 of the Chronic Wasting Disease (CWD) Susceptibility Subsidization Program for the 2023-2024 grant period for all participating sites in good standing with PDA. PDA will offer a stipend of \$1,000 towards the replacement of adult deer and \$500 towards the replacement of fawns 12 months & younger. All animals culled must have an Official ID, score a -0.056 or greater in the 50k_GEBV testing field. Stipends must be applied to purchase replacement whitetail deer, Artificial Insemination, or sperm/embryos. PDA requires replacement stock to have a GEBV score of -0.056 or less when purchasing replacement whitetails or parent/source stock scoring -0.056 or less for semen and embryos. A copy of the Pennsylvania Animal Diagnostic Veterinary Laboratory Systems (PADLS) results, or the PADLS accession number must accompany this form. By signing this form you consent to share with PDA all testing information for each culled animal and each replacement animal and the parent or source of any embryos or semen or both set forth in this document and attachments thereto. You also attest that the information provided is true and accurate. To receive your certificate, all of the following documentation must be provided: GEBV test results from the PADLS laboratory utilized for each culled animal and each replacement animal or, for embryos/semen, parent/source. To receive payment, PDA requires the following information: business name, EIN, and business address. If you are an individual, please provide your name, address, and social security number. All participants must be enrolled in either the HCP or HMP and be in good standing and have all required records up to date under the CWD Order of General Quarantine
Address	
City, State, Zip	
Premise ID	
HMP or HCP	
EIN/SSN	

Participant Verification, Certification and Acknowledgment

The undersigned Participant(s) verifies, certifies, represents, affirms and warrants to the Commonwealth of Pennsylvania, Department of Agriculture, Bureau of Animal Health and Diagnostic Services, that the undersigned Participant(s) has/have the power and authority to execute this GEBV Cull Certification Form and thereby be bound to its terms or has been duly authorized by the Owner, if an individual of sole proprietorship, the Partners or if a corporation or LLC, the Board of Directors thereof to sign on behalf thereof and thereby bind that person, and the undersigned(s) thereby has/have authority to execute this GEBV Cull Certification Form on behalf thereof. The undersigned Participant(s) further affirm(s) he/they have read and understand the provision of this Verification, Certification and Acknowledgment.

Signature instructions: Please sign below in the space provided applicable to your status as the Participant. The owner or authorized representative subject to this Agreement are Participants and must sign. The owner(s) or person duly authorized to sign and bind the owner(s) must sign and date below and set forth their title. All persons with an ownership interest in the business subject to this Agreement are Participants and the signature(s) below binds them to the terms of this Agreement. Please note, Corporations must have the signature of the President or Vice President and the Secretary or Treasurer. Partnerships must have the signatures of all partners. If additional signature lines are needed, please sign below the lines and provide the necessary information. SIGNATURES MUST BE ORIGINAL. Electronic forms may have electronic signatures.

The undersigned affirms, under penalty of law for unsworn falsification to authorities – 1The undersigned affirms, under penalty of law for unsworn falsification to authorities – 18 Pa.C.S. § 4904 – that all statements set forth in this document and all attached documents are true and correct and all attached documents are authentic and contain up to date and accurate information.

I hereby certify that all the info contained on this form is complete and accurate to date *(Provide your title, print your name, sign, and date).*

	By placing an "X" in this box you agree that the "electronic signature" below is equivalent to your hand written signature.
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➔			
	Title (Owner, President, etc.)	Print Name	Signature
			Date

➔			
	Title (Owner, Vice President, etc.)	Print Name	Signature
			Date

➔			
	Title (Owner, Secretary, etc.)	Print Name	Signature
			Date

➔			
	Title (Owner, Treasurer, etc.)	Print Name	Signature
			Date

INSTRUCTIONS FOR COMPLETING ELECTRONICALLY:

1. The Pennsylvania Department of Agriculture (PDA) has opened Phase 2 of the Chronic Wasting Disease (CWD) Susceptibility subsidy program for all participating sites. The Pennsylvania Department of Agriculture will be offering a stipend in the amount of \$550

2. Tab 2 is where you will validate your current inventory.


3. Tab 3 is where you will list any Herd Additions.

4. Tab 4 is where you will list any Herd Deletions.


Helpful Tip

** Click on "1" in the upper left hand corner (see yellow arrow on first image shown below) to view more rows for data entry after your information is completed at the top of the page for Current Herd Inventory, Herd Additions and Herd Deletions.

** Click on "+" in the upper left hand corner (see yellow arrow on the second image shown below) to expand your top information again.



1	2	B	C	D	E	F	G	H	I	J
CURRENT HERD INVENTORY AS OF										
DATE										
4	Name	Instructions: 1) REVIEW THE INVENTORY INFORMATION ON THIS PAGE/TAB 2) If current inventory is correct, Select "No Changes" on the Info & Certification Page/Tab, then sign/date your inventory, and send to your inspector. 3) If HMP, provide estimated number of animals here _____. Provide the below information for any of the animals included in the estimate that have identification. 4) If changes within the herd have been made, select the appropriate option on the Info & Certification Page/Tab, then sign/date inventory, complete the forms for Additions to Herd and/or Deletions to Herd, and then send to your inspector.								
5	Address									
6	City, State, Zip									
7	Premise ID									
8	HCP or HMP									
11	Remove	Official ID	Additional ID	Species	Sex (M/F)	Age (YRS)	DOB	Retagged	Retag #	
EXAMPLE										



1	2	B	C	D	E	F	G	H	I	J
11	Remove	Official ID	Additional ID	Species	Sex (M/F)	Age (YRS)	DOB	Retagged	Retag #	
EXAMPLE										
13		123456789123456	GREEN 578	WHITETAIL	M	3	6/19/2015	X	789456123789123	
14	X	456123789123456	RED 64	WHITETAIL	F	3	6/19/2015			

CULLED ANIMALS AS OF

DATE

Premises Name/Name	Instructions: 1) Review the Information and Certification tab on the previous page. 2) For each animal culled, provide: the number of animals culled, Official ID and additional ID for each animal, Sex of each animal, Culled animals GEBV report, Culled 50K_GEBV Score with confirmation from a testing laboratory for each culled animal , PADLS Accession Number, 50K_GEBV Score and the scores and Official ID for the replacement stock or parent stock of semen/embryos.
Address	
City, State, Zip	
Premise ID	
HMP or HCP	
Number of animals culled:	

Official ID	Additional ID	Sex (M/F)	NADR #	Culled 50K_GEBV Score (-0.056 or greater)	PADLS Accession Number	replacement 50K_GEBV Score (-0.056 or Less)	Official ID of replacement deer or parent sock of semen/embryo
EXAMPLE							
123456789123456	GREEN 578	M			S1234567		

Official ID	Additional ID	Sex (M/F)	NADR #	Culled 50K_GEBV Score (-0.056 or greater)	PADLS Accession Number	replacement 50K_GEBV Score (-0.056 or Less)	Official ID of replacement deer or parent sock of semen/embryo

Current Herd

Official ID	Additional ID	Sex (M/F)	NADR #	Culled 50K_GEBV Score (-0.056 or greater)	PADLS Accession Number	replacement 50K_GEBV Score (-0.056 or Less)	Official ID of replacement deer or parent sock of semen/embryo

Current Herd

Official ID	Additional ID	Sex (M/F)	NADR #	Culled 50K_GEBV Score (-0.056 or greater)	PADLS Accession Number	replacement 50K_GEBV Score (-0.056 or Less)	Official ID of replacement deer or parent sock of semen/embryo

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